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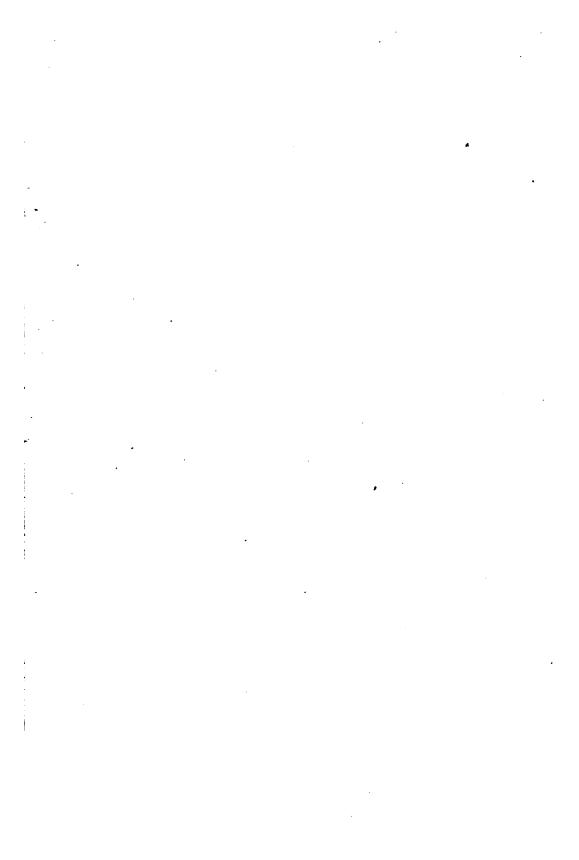
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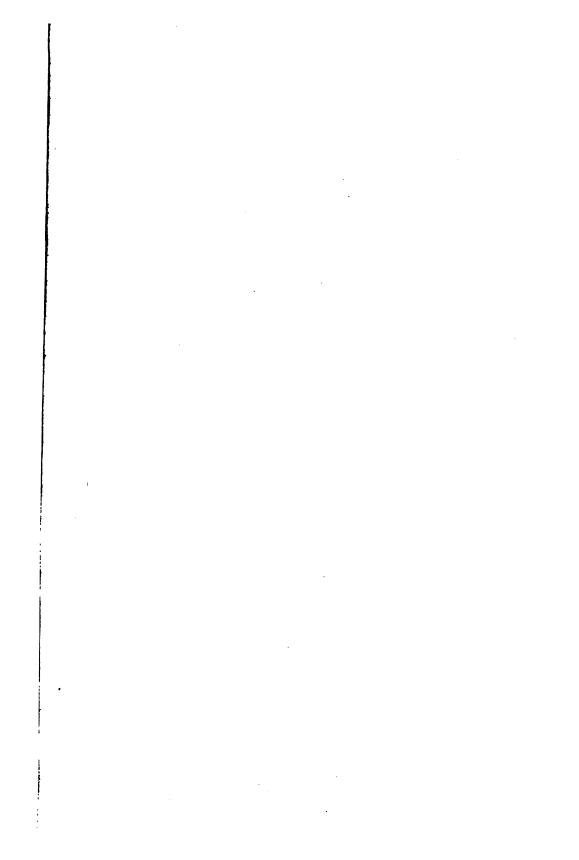
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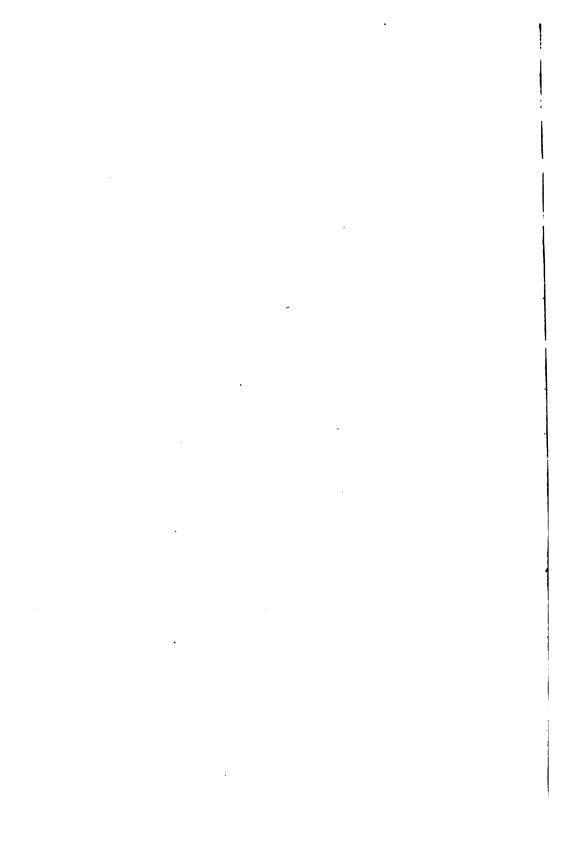
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## Original Communications.

ERYTHEMA EXFOLIATIVUM RECURRENS.\* By A. H. OHMANN-DUMESNIL, St. Louis, Mo.

The erythemata have always possessed a large amount of interest for dermatologists, and the numerous apparently aberrant forms which have been observed in late years have invested the subject with an amount of importance which was not conceded to it heretofore. It is more particularly in regard to the ætiology of different forms that research has been made. In addition to this there have been presented certain forms which have excited much interest on account of their assumed rarity, but which are possibly not so infrequent either on account of mistakes in diagnosis, or an ignorance of this pseudo-rarity, or an indifference to making any record. These circumstances, singly or combined, have conspired to produce an impression, in many instances, that a certain condition or group of symptoms was rare, when in reality it was common, and had either escaped attention or failed to arouse any interest under the mistaken idea that it was so well known as not to deserve even a passing mention. Under these circumstances, every new record helps to swell the list, and with-

<sup>\*</sup>Read before the Section on Dermatology and Syphilography of the American Medical Association, at Milwaukee, June 6, 1893.

out detracting from the credit of those who have first noted the matter, it contributes to a vulgarization of a certain amount of knowledge which should come within the grasp of every one. is for this reason that I wish to place upon record a condition which is apparently an unusual one, but which in my opinion is observed much more frequently than medical literature would lead us to suppose. I refer to intermittent scarlatiniform erythema, or erythema exfoliativum recurrens. Medical literature, up to the present, seems to be rather meagre, so far as the number of accounts of this trouble are concerned. A hasty research through current medical literature and works on dermatology has yielded but small results, and large returns will have to be left to the future.

Before entering into any further considerations on the subject I will give the history of a case as furnished by Dr. Edw. C. Bennett, under whose care it occurred and to whom I am indebted, not only for the anamnesis, but for the specimens which are figured as well. I am desirious of returning my thanks to him for this, as he kindly conferred with me regarding the case which he very justly considered an unusual one.

In order that a more complete record of the disease under consideration may be made, I will append condensed histories of other cases which have recently appeared in print, in order that a more easy reference may be made, and the points of similarity both from a clinical and ætiological point of view may be made more apparent, and thus enable the reader to follow with greater facility the reflections deduced.

The cases which I propose giving do not by any means include all those which have been reported, but they are sufficiently numerous to give a general idea of the characteristics of the disease, as well as to give a certain amount of information in regard to the clinical peculiarities of the process, and thus afford an opportunity of drawing some conclusions in regard to the ætiology of the process. In addition to this it affords us almost a certainty in deducing conclusions as to its comparative frequency. If we are to judge from the number of cases which have recently appeared in current medical literature, we would be led to the conclusion that the trouble, whilst not frequent, is far from being unique or even rare.

With these few preparatory remarks I will proceed to give a

brief résumé of a few cases which have recently been described and then make a brief analysis of them.

CASE I.—(J. Frank, M. D., and N. C. Sandford, M. D., in the Am. Jour. Med. Sc., Aug. 1891.) John H. P., miner, 34 years of age, well built and healthy. Skin is perfectly normal. parents are living, as also maternal grandmother; is the second of a family of thirteen, all of whom are living. On July 24, following his birth (Dec. 29, 1857), he was suddenly taken ill, vomited and in a few hours the entire surface of the body was scarlet red. The symptoms subsided in a few hours, but on the fourth or fifth day following the attack the entire cuticle was cast off, and in a few days the nails of his hands and feet were also This was repeated every year on the same date. tient first remembers the shedding in 1865, and he states that these attacks occur each year on July 24, usually at 3 P. M., and never later than 9 P. M. The paroxysm begins abruptly. tient has a feeling of lassitude and weakness of fifteen to twenty minutes duration, followed by muscular tremors, nausea and vomiting, a rapid rise of temperature, skin and mucous membrane of tongue and mouth become red and inflamed, are hot and dry. No perspiration appears after the paroxysm begins until the cuticle is cast off. The patient has been delirious three times during these attacks, once for nine days.

In his early life the cuticle began to be shed on the second or third day after the symptoms appeared, and was complete by the fifth day; but each succeeding year it takes a little longer, until now it is ten or twelve days before the shedding is complete. The cuticle can be detached in large sheets, and from the hands and feet in the form of gloves and mocassins. The nails are loosened and crowded off in about four weeks after the acute stage.

Here follows a detailed account of the attack. Vomiting took place, the erythema extending visibly. Pulse 68; temperature 97°. The highest pulse rate and temperature observed during the attack were 92 and 103° respectively. July 26, two days after the beginning of the attack, the skin appeared normal, the temperature having returned to the normal. July 27, the epithelium of tongue and mouth came away. July 28, perspiration was free on forehead and under eyes. The cuticle on chest was raised in the form of blisters by the perspiration. Desquama-

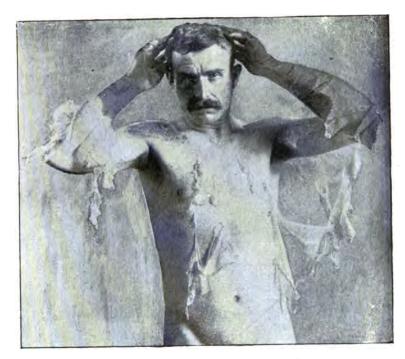
tion then set in and continued until August 11, when the left mocassin was removed. After the removal of the cuticle the skin was very soft and delicate, and where the former was normally thick, the new skin was very sensitive. August 26, the nails of the little finger and second finger of right hand were shed. September 2, those of the little finger, second and third finger of the left hand were detached. Both thumb nails were removed September 5, and the nails from the big toes, which were the last to come off, September 6. The other nails were cast off in pieces while the patient was at work, so that the exact dates could not be noted.

The above is certainly unique in one respect—the recurrence of the trouble on exactly the same day of the year for so many years in succession. It is certainly deserving of more than passing attention for this reason.

Through the kind permission of Messrs. Lea Brothers & Co., of Philadelphia, I am able to present the illustrations occurring in Dr. Frank's excellent paper. A much better idea may be gained of the desquamation which occurs through this graphic representation than mere words would convey. As may be seen, we have presented a picture of the patient desquamating, and one of the portions of the exfoliated epidermis which were secured.

CASE II.—(Henry William Blanc, B. S., M. D., International Clinics, Oct. 1891.) J. C., white, male of 23, whose occupation was cotton screwman. Both parents living and in good Three brothers and two sisters living and in good health. When ten years of age was treated for what was called scarlet fever, which lasted several weeks, leaving him perfectly well after desquamation. Following spring all the symptoms of scarlatina reappeared. From this time until 1884 he had two attacks annually. In 1884 he had none. Lately the attacks have been irregular, although generally appearing twice a The intensity of the fever and eruption has been growing milder and the desquamation more marked. On several occasions all the finger nails have fallen off.

The attack begins by a feeling of malaise, followed by a fever lasting forty-eight hours. The rash appearing on the second or third day lasts about four days; paroxysms of itching occur during this time; the skin dries up and formication is present. An attack lasts about five weeks, although when the nails are shed it lasts about one month longer.



 $\mathbf{F}_{\mathbf{IG.}}$  1. Dr. Frank's Case of Erythema Exfoliativum Recurrens.

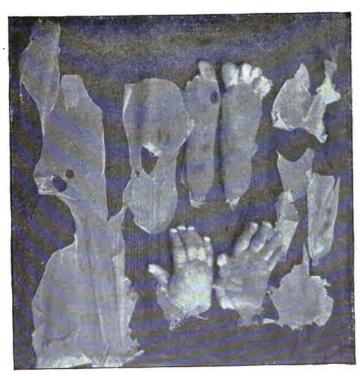


Fig. 2. Epidermis shed in Dr. Frank's Case.



In the description of the attack we do not find nausea men-There existed constipation, however. The highest temperature ever recorded is 102°; pulse 85. Patient feels nervous as eruption is spreading over the body. When the patient was peeling in large flakes the skin was noted to be dry and in some places raised like a blister, but containing no water beneath. The new skin was very tender. Patient stated that each time he desquamated all of his freckles passed off. The patient complained of a cold sensation and a very tender surface when desquamation had set in, and he declared that when the skin first began to crack he had a chilly feeling lasting four or five hours.

Through the courtesy of the J. B. Lippincott Co., of Philadelphia, I am enabled to present a plate illustrative of the gloves and moccasins shed by this patient. As will be seen the gloves are complete, with the exception of those portions which were adherent to the nails. The soles only of the moccasins are presented, as the sides were torn into small pieces by the shoes of the patient. He also stated that he ordinarily wore gloves during the period of desquamation of his hands.

CASE III.—(Henry William Blanc, B. S., M. D., International Clinics, Oct., 1891.) Mrs. S., aged 21 years. In 1883, when 13 years old, she had an attack of scarlatina lasting about eight She was well until 1885, when she had a second attack of scarlatina lasting about six weeks. Nothing especially noticeable was observed in the second attack, except that the desquamation was excessive. In October, 1889, a scarlet rash similar to the others appeared, unaccompanied by fever. It lasted two or three days and disappeared, followed by profuse desquamation which lasted from five to eight weeks, the epidermis peeling in During the intervals between these attacks her health was very good, menstruation being regular and painless.

In March, 1890, she was married, and during the next month another athermal rash appeared. It was not very deep, except on the hands and feet. A large amount of desquamation followed. In January and February she had the rash, followed by peeling of the epidermis. She had borne a baby in the preceding month of December, and during her attacks she nursed the baby regularly without communicating the disease. There existed hyperæsthesia of the skin when seen during the desquamation of the February attack. The skin had a slightly trans-

parent appearance, suggesting anæmia. On the neck, forearms and legs the skin was dry and scaly, peeling easily when rubbed. The patient stated that immediately following the rash there was diminished sensation, which became transformed to hyperæsthesia when the desquamation occurred. Five weeks after this examination the patient contracted a severe cold and the next day had a burning sensation in the fingers, palms of the hands, toes, back, throat, tongue and eyes. These parts were fiery red. This was another attack.

No history of vomiting or nausea given.

CASE IV.—(Case of Dr. W. T. Bolton, reported by Henry William Blanc, B. S., M. D., in Jour. Cut. and Genito-Urinary Dis., Jan., 1893.) Maggie P., aged 20, while perspiring freely had perspiration suddenly checked May 6, 1892. Had nausea and vomiting, with pains in back and limbs. Was given a pur-May 9th the temperature was 99.6°, pulse 104, nausea and vomiting; dizziness and pains present; skin of face swollen; face, neck and upper part of chest erythematous. Patient stated that she had had a similar eruption in February, 1890, and in May 10, 1892, the rash had extended over the August, 1891. whole surface of the body, on the next day epidermis of the upper eyelids beginning to desquamate. May 12th the mucous membrane of the mouth exfoliated in a solid mass. On that and the two days following the epidermis of the entire body was The epidermis of the hands and feet came off withthrown off. The nails were loose but did not come off. 31st, twenty-five days after the beginning of the last attack, she was again attacked in a similar manner, the symptoms being June 4th the exfoliation occurred. The nails of the fingers and toes fell off after the first attack, and less after the two previous ones.

Therapeutical interference was very little. One dose of quinine and phenacetine, two grains and a half of each, was given in the course of the disease, and several times the skin was anointed with vaseline and quinine.

None of the relatives of the patient have ever suffered from a similar condition. The first time it occurred the patient supposed she had scarlet fever. A fact observed was low pulse rate and comparatively small febrile reaction.

It will be observed that in the three preceding cases a particu-



Epidermis shed from hands and soles of Dr. Blanc's case. The only rupture of the gloves occurred when the hands were withdrawn.



Epidermic glove removed almost complete from Dr. Blanc's case of erythema exfoliativum recurrens.

.  lar note is made of the fact that the parents were healthy persons who never suffered from any similar trouble. In fact, this seems to be noted in all the cases observed.

CASE V.—(Personal. Case seen through the courtesy of Dr. Edw. C. Bennett. Unpublished.) Mrs. A., a brunette of medium height and weight, 26 years of age, has always enjoyed She has one child and has had one miscarriage, since which time her menstruation has been irregular and painful. In September, 1891, she became ill, the symptoms being ushered in with nausea and vomiting, high fever and pain distributed over the entire body. On the succeeding day there appeared an eruption which extended over and involved the entire cutaneous envelope with the exception of the face and neck. tion was an erythema accompanied by intense itching. The third day after the skin assumed an appearance suggestive of ædema, being clear and apparently puffed up. It began to crack and separate from the body, i. e., the horny layer of the epidermis began to exfoliate. The patient removed this exfoliated epithelium from her hands and feet entire in the form of gloves and She also removed long strips from her trunk, arms moccasins. There was desquamation of every part of the body with the exception of the scalp and face, in which there was no The nails were not shed nor was there any change whatever. falling out of the hair discoverable in any portion. desquamation had arrived at an end, the exposed new skin was intensely red in color and glazed-like in appearance. to this there existed marked pruritus. In about one week from the outset of the attack the affected epidermis had returned to its normal state, both objectively and subjectively.

In June, 1892, Mrs. A. had another attack, which was in every respect an exact counterpart of the one which has just been detailed, the onset being the same and the various periods, intervening between the different conditions, being of the same duration.

December 15, 1892, was the date of a third similar attack, with this exception however—the patient was suffering at the time with typhoid fever.

So far as the treatment employed is concerned, it may be well to state that it always consisted in the administration of the following, which seemed to act efficiently:

₽ĸ	Quiniæ sulphatisgr. iij
-	Pulv. capsicigr. 1.
M.	Ft. Tal. dos. q. s.

Sig: One such dose every three hours.

The symptoms of the case were always strikingly malarial and, on this account, the quinine was administered.

For the condition of the skin which succeeded desquamation, the following ointment was ordered with complete success, as it proved efficient in relieving the sensitiveness of the denuded integument and caused a disappearance of the pruritus, besides acting as an efficient protective during the complete restoration of the horny layer.

A few points which have been noticed by the patient and to which she has drawn attention, are the following: Each attack of desquamation comes on just one week before the menstrual flow. Her attention was called to this circumstance by the fact that it occurred each time in that way, and it can hardly be looked upon as a coincidence. She further states that after taking an ordinary dose of quinine, she experiences a prickling, tingling pain in the thumb. On this account she is inclined to believe that the general desquamation is due to the remedy, but this is evidently a non-sequitur.

The plate illustrates portions of the exfoliated epidermis obtained at two different periods. The upper one, which is nearly a perfect glove, was removed June, 1892, but little care being taken. The lower figure is a representation of the epidermis of the palm, which was removed in December, 1892. There was no intention of preserving this, which accounts for its rather ragged appearance. However, the two are good examples of the manner in which the desquamation occurs—en bloc, and distinctly separate from examples of furfuraceous or large squamous exfoliation.

The above cases are given without making any attempt to restate more or less doubtful analogous cases from literature. The present ones are distinctly marked out and have been described without much inclination to fit them to any particular pathological view. Besides this, they have occurred within a few years of the present day and under the light of a more extended knowl-



Fig. 5. Epidermis shed in Author's Case.

edge of dermatology, thus avoiding their being labelled with names which are not only inappropriate but absolutely mis-For there is no doubt whatever in my mind that the various desquamative erythemas have led to a great confusion of terms, not to mention the almost impenetrable chaos which has been occasioned by the mixing up of these various affections with the dermatites having analagous characteristics and yet wholly distinct in many respects. These distinctions are not wholly ætiological in character, nor is it an absolute necessity to make anatomo-pathological studies to establish them. tention to clinical details will frequently suffice to accomplish the task, as well as to clearly distinguish from each other the various processes which are incidental to the problem. It is for this reason that I propose to discuss primarily, whether the disease before us is a dermatitis or an erythema.

To begin with, I desire to speak of the clinical characteristics of the two processes before examining into the pathological anatomy of the conditions. So far as observation can teach us, an erythema is always a transitory condition in as far as it remains in statu quo. Its natural termination is embodied in a retrograde metamorphosis continually leading to the normal con-Moreover, there is no destruction of tissue, properly speaking; but merely the loss of such epithelial formations as are superficial and which are susceptible to degeneration, without the necessity of the formation of substitutive fibrous formations such as are ordinarily denominated under the name of cicatricial In the case of inflammation we find that the process is tissues. In the inflammatory process the changes are entirely distinct. not limited to the superficial structures, but they encroach upon the deeper formations, and, as a result, we have their involvement manifested by a perceptible thickening which is a characteristic of the change. Destruction of a more or less limited extent goes on, and in the reparative stage the loss of tissue is made up by a substitutive formation which does not always show in the nature of the tissues which formerly existed.

So far as the skin is concerned we find that erythema is characterized by an increased vascularity of the epidermis chiefly; although the corium may participate in the exaggerated circulation. The process is essentially an angio-neurotic one and may manifest itself in a generalized or circumscribed form, attended

or not with cedema, and certain subjective sensations. The lesions, however, which are present are almost entirely included within the limits of increased vascularity and the presence of various and varied subjective sensations. The more prominent symptoms are superficial in character as well as in their limitations, and the culmination of severe forms is manifested in desquamation, which may vary in intensity from a furfuraceous type to a separation of the horny layer in large sheets. flammation we are confronted with an entirely different history We find that a prominent subjective symptom and appearance. is pain of a deep-seated character. There is also a susceptibility to an aggravation of the condition manifested by lesions of a more or less destructive character, suppuration being a not infrequent accompaniment and necessarily including in its development more or less destruction of tissue, which is objectively It may be stated, however, that true inflammations of the skin exist wherein we do not have any clinical manifestations beyond a marked hyperæmia and abundant desquamation. it should not be forgotten that in such cases there is more than such a superficial survey would indicate. We have clinical evidence of the deep nature of the process shown by the thickening Not only this, but there are general symptoms which are also indicative of the graver character of the malady. The chronicity of the process itself is an indication pointing to its inflammatory nature, and the general disturbance so often noticeable is of such a character as to determine the existence of more than a superficial process. It will be found in this connection that in erythemata the general symptoms are of an acute character, oftentimes quite marked, yet of a comparatively transitory nature as a whole. In inflammations, on the other hand, they are not of so acute a character, but are more lasting; and it is this very element of persistence which exercises so patent an effect in the production of inflammatory changes in the integument. I will not weary you with the recitals of examples in illustration of the few generalizations I have presented, but will enter upon a particular reference to the cases I have hastily summarized, in order to justify the opinion that they should properly be included under the erythematous diseases in preference to the exudative or inflammatory, and that the name which has been proposed for this unusual process is one which is proper and distinctive.

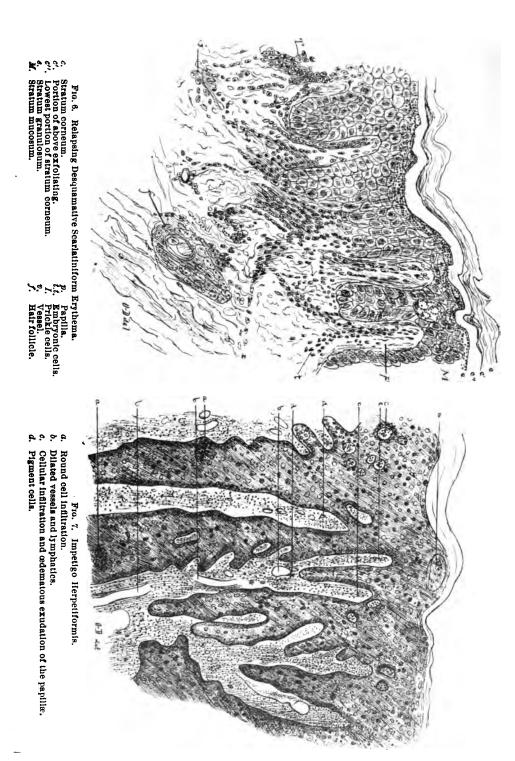
We find, upon examining the records of the cases, that the scarlatiniform eruption which preceded the desquamation spread with great rapidity, resembling very much in this respect the erythematous process occasioned by the ingestion of particular remedies in certain individuals. Another peculiarity attendant upon this generalization of the hyperæmia, is the fact that it is suddenly stopped short at a particular point, when the process of retrogression seemed to take place immediately. These are certainly not the marks of an inflammatory process, such as we ordinarily observe. For it must not be forgotten that the desquamation which is so abundant in the disturbance with which we are dealing is rather a result of the process than a part of it. In the same manner, the exposed epidermal tissues are the objective indications of a loss of a certain portion of substance due to the sudden hyperæmia causing an exfoliation of the horny layer and thus leading to the condition observed. take any marked dermatitis or inflammatory condition of the skin, no doubt whatever can exist as to the complete difference existing between it and the process under consideration; and an inquiry into the pathological anatomy of such, will completely establish the fundamental characteristics of each in such a manner as to leave no room whatever for any reasonable doubt as to the proper position to be assigned to the trouble I have described.

Dermatitis is a term which has been much abused in dermatological nomenclature, and it has been the cause of misleading many into errors which they never would have adopted had another word been used. Thus we find the generic appellation of "dermatitis medicamentosa" applied to a series of cutaneous phenomena having, in common, a similar causation but frequently differing widely in the manifestations which are presented. majority, I might say, are erythematous in nature, and the homely expression of "medicinal rashes" is rather more close to the mark if not as elegant in diction. Another error which has led to a misconception of proper terms, is the erroneous idea that desquamation is necessarily a result of inflammation, than which no greater mistake could be made. In the particular case in point a further source of error would be furnished by the observation of cases of dermatitis exfoliativum or of pityriasis rubra, which to the superficial observer presents many points in common with erythema exfoliativum, although an accurate observer would be able to see so many distinctive characters as to almost draw the line of demarcation with sufficient sharpness to make it patent even to one not trained in the observation of diseases of the skin. I will now briefly consider the pathological anatomy of the two conditions, as it will contribute, in no small degree, in throwing light upon the question before us.

The microscopical anatomy of a typical pathological dermatitis and of an exfoliative erythema will serve better, perhaps, to explain the differences in the clinical pictures presented. chosen as illustrative examples two conditions which are sufficiently well marked to demonstrate the points in question. eliminate any possible personal equation I have borrowed the illustrations from other authors. It will be found that the essential differences between the two are so well marked as to leave no possibility of a doubt. Petrini presents a section of a case of relapsing desquamative scarlatiniform erythema (Comptes Rendus du Congrés Internat. de Dermat. et de Syphilig. de 1889. Masson, 1890, p. 44 et seq.), which for all practical purposes is a disease identical with the one under consideration. note that the upper portions of the stratum corneum are distinctly exfoliating, the lowermost portion remaining adherent to The malphigian layer has intercellular the stratum mucosum. vacuoles in it, and the papillæ are covered with embryonal cells. In some parts of the rete mucosum the prickle cells do not appear to have developed beyond the embryonic stage (I), whilst we find embryonic cells about the blood vessels and scattered up to the papillæ. Even the hair follicle contains hyaline globules. Many of these apparently embryonic cells have some of the characteristics of lymph cells or wandering corpuscles, testifying to the fact that the process which has called them forth is of a character denoting its recent occurrence. Moreover, the general contour and outlines of the papillæ are preserved as well as the interpapillary prolongations of the rete. In the latter, the prickle cells have preserved all of their characteristics, the cell walls and nuclei being sharply defined and only modified here and there by being apparently replaced by embryonic cells (L).

On the other hand, a picture of a marked inflammatory trouble is so widely different as to immediately attract attention. I have chosen for an example a section of impetigo herpetiformis, fig-

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ured by Theodore du Mesnil (Archiv. f. Dermatologie u. Syphilis, 1891, heft 5) in which can be seen a well-marked round cell infiltration. Here we note a cellular infiltration and an ædematous exudation of the papillæ, which are apparently prolonged by the actual lengthening of the interpapillary prolongations of the stratum mucosum. The stratum mucosum is filled with lymph cells throughout its extent, and at the edges where contact is effected with the papillæ a limited round cell infiltration is visible. In addition to this the blood vessels and lymphatics are markedly dilated and surrounded by a cellular infiltration. Pigment cells are found in papillæ, an evidence which testifies to the fact that the process has existed for some time, as is also shown by the other conditions present.

The two pictures given should certainly prove sufficiently conclusive as demonstrative of the radical differences existing between an erythema and a dermatitis, and as Petrini's demonstration is that of a process so nearly analogous as to be almost identical with relapsing desquamative erythema, such as described in the cases I have mentioned, it would appear to me that a careful consideration of the various points which I have brought forward would establish the fact, beyond the shadow of a doubt, that erythema exfoliativum recurrens is an erythema in the true sense of the word, and not a dermatitis; and that the term dermatitis which has been applied to it is not only incorrect but misleading. It should be abandoned to give place to a term which is not only pathologically exact, but which clinically is more clear and which has the further advantage of placing the disease in its proper place in dermatological nosology.

The ætiology of the disease under consideration possesses more than ordinary interest. From the more or less imperfect histories of the few cases which are available, it is a very difficult matter indeed to formulate anything of a definite nature. We can find but very few characteristics that are held in common by all the cases beyond the exfoliation. The onset in each case is different, as also the course, duration, and termination of an attack. The periods between alternate attacks vary not only in different individuals, but in the same one as well, in some cases. So far as determining a common cause is concerned, it cannot be done. The alleged causes given by the patients differ, and no possible reason can be given by others for the peculiar affection

which manifests itself in their persons. Taken altogether we are confronted with a problem which appears rather difficult of solution, and the best that can probably be done is to weigh the probabilities in each case, and determine that which seems the most worthy of consideration. It may be remembered that in a consideration of the scarlatiniform erythema of typhoid fever (Journal of Cut. and Genito-Ur. Dis., Aug., 1890), which is relapsing in character, and to which the disease under consideration bears a remarkably close resemblance, if it is not identical in character, the opinion of Besnier was advanced that the cause in scarlatiniform erythemas is never an exclusive one (Ann. de Dermat. et de Syphil., Jan. 1890). This author states that, in his opinion, the eruption depends more on the subject himself; that there exists a predisposition. The individual becomes more susceptible to the process, and this brings about a tendency of recurrence at continually shorter intervals, a circumstance which may be noted in all the cases given above, with the possible exception of the first, in which the period of recurrence remained Excluding toxic, septicæmic, medicamentous and such similar causes, we are finally brought face to face with one conclusion which seems inevitable—that the cause is one dependent upon the nervous system and more particularly that portion in intimate connection with the vascular system. Dr. J. W. Moore, long since regarded (Dublin Jour. Med. Sc., Dec., 1888) the trouble as one which "probably depends on a reactive inhibition of the vaso-motor system of the nerves." That this is the most probable cause is amply testified to by the opinions of those authors who have ventured to advance one. Léon Perrin regards the condition as a reflex dermatosis, agreeing in this respect with Fournier, Lewin, Besnier and others. Dr. Frank, in referring to his case (Case I), says that the fact that the recurrence of the symptoms appears on the same day and even at the same hour of each year can possibly be accounted for by the fact that it is a disease of the nervous system, as it is analagous in its recurrences to certain types of hay-fever. To this Dr. Blanc demurs somewhat by calling attention to the fact that there may enter a disturbling psychical element. Dr. E. L. Standlee reports a case of annual shedding of the nails (Am. Med. Jour., Dec., 1891) accompanied by some exfoliation; but the entire report is so incomplete as to afford no clue beyond the fact that the first attack

occurred after contracting typhoid fever, a disease which is very prone to leave its effects on the nervous system. (Lyon Médical, 1885) has attributed the cause primarily to rheumatism acting secondarily through the nervous system; whereas, M. Rossigneux (Lyon Médical, Mar. 21, 1892) is inclined to regard a possible nervous cause. An ingenious theory has been advanced by Paul Blocq (France Méd., Jan. 23, 1886) to account for the various periodical attacks which are observed in certain individuals. He looks upon the cause as some microorganism, which multiplies continually, until a certain period of time has elapsed, when it seeks an exit and in this very effort to escape the symptoms which are observed are produced. certainly clever; but it cannot be made applicable to the disease under consideration and could only possibly refer to infectious troubles, such as relapsing erysipelas.

To my mind, relapsing desquamative erythema is, beyond all possibility of a doubt, a trouble due to disturbance of the trophic In the cases which we have detailed, as in the numerous instances which occur scattered throughout medical literature, we find distinct nervous symptoms mentioned. The patients suffer , from headache, or itching, or localized tingling sensations, or some other purely nervous trouble. Again, we find that the thermic phenomena are either a low fever or none, or a state of hyperpyrexia out of all proportion with the condition present. Delirium may be present or melancholia. So far as the influence of the trophic nerves on the circulation of the skin is concerned, there is no doubt of it this day. The erythema pudoris or ordinary blushing may easily become transformed into a morbid The blush, which was at first easily elicited, later on comes on without any apparent reason and becomes recurrent unknown to the subject. It is some functional nervous trouble, probable residing in the sympathetic ganglia, and if we but generalize the condition and make it more marked we find it transformed into a universal erythema. Add to this the greater implication of nerve structure, and we find then a symptom showing itself which is characteristic of nervous trouble of a trophic character — exfoliation. That the disorder must reside in the trophic system is corroborated by the negative results which have attended all examinations for nerve alterations. That an angioneurosis is intimately connected with the process in the production of recurrent exfoliative erythema is shown by the fact that slight cedema accompanies the first manifestation. The skin appears more or less translucent, and in some cases vesicles make their appearance. The appearance of these lesions, more or less grouped, constitute another link in the chain of evidence pointing to a neuropathic origin for the trouble. Another circumstance which seems to indicate this is the comparative shortness of duration of the acute period of the trouble. Following this there is apparently good health, during which the exfoliation takes place. The whole force of the attack seems to expend its fury in a few days, and the period following this is spent in getting rid of the débris of the nervous storm which has occurred.

The exfoliation is rather slow, as the separation is but partial and must be completed by the gradual process of the relaxation and tightening of the skin. This is further evidence of the superficial nature of the pathological process. In desquamative processes of marked inflammatory nature, such as psoriasis, pityriasis rubra, or chronic eczema, the shedding of the horny layer is continual and rapid, the regeneration not, only keeping pace with but often exceeding the loss.

Before closing the consideration of the ætiology of the process. one question still confronts us, and it is one which is by no means easy of solution, if there be any for it. It is the periodicity of the It is no explanation to say that it is of nervous origin, as we find it in hav-fever. This is merely shifting the ground of discussion. Why should this periodicity exist? Besnier's dictum that it is a predisposition, is an explanation which explains The very fact of recurrence attests to this. predisposition should exist is the question which we desire to solve. We may invoke indiosyncrasy, but in no case so far recorded, with the possible exception of the toxic and medicinal erythemas, do we find mention made of any possible cause to account for the trouble, and which was observed prior to each Blanc has made one suggestion which might have a bearing upon this, when he speaks of the possible influence which the mind might have. We know that self-suggestion is potent in bringing about certain nerve disturbances, and in one susceptible to an erythematous reaction consequent upon trophic nerve disturbances, this might possibly be an explanation. one, perhaps, would be the direct influence of telluric or atmospheric causes upon the cutaneous envelope. We can easily understand how such would act upon the sympathetic nerve centers, and these in their turn bring about a reflex disturbance of the trophic nerves leading to the appearance of the erythema. And there is a history in some cases of scarlatinaform erythema, of an attack following an exposure to a cold wind or chilling atmosphere. Moreover, herpes zoster is observed to supervene upon exposure to cold and damp surroundings, as also to being caused by the purely psychical disorder of anger. I do not wish to pursue the subject at greater length, deeming what I have said sufficient, not to convince, but rather to incline one to the theory of the neurotic origin of recurrent desquamative erythema.

The treatment is a very simple one, consisting merely in protecting and soothing measures. Whilst in many cases symptomatic treatment has been employed, there is no evidence that it exercised any particular beneficial action, as far as the cutaneous symptoms were concerned. The protective measures employed have certainly had a direct effect as prophylactics in preventing a possibly graver condition which might be induced by irritation due to an extraneous source. Of course, such measures are not only proper and rational, but even imperative. To neglect their application would certainly argue a disregard for the patient, but also a serious disregard for the exigencies of the case in hand.

In the last case detailed the patient was always supposed to be affected with malaria, when the symptoms first declared themselves, and was accordingly given quinine, to whose effects she attributed her trouble. Still, as others have the same prodromic symptoms and the same subjective sensations are recorded, and never have taken any medicine, we cannot conclude that the therapeutics had any effect whatever in calling the disturbance into being.

Is erythema exfoliativum recurrens a rare disease? We are inclined to say that it is not. There seems to be quite an amount of confusion existing in regard to its nomenclature, and for this reason it has been described under a multiplicity of names, which have only led to more confusion. Idiopathic scarlatiniform erythema of a recurrent type as well as recurrent dermatitis exfoliativa are, beyond a doubt, examples of the same affection. Many isolated cases are described under various designations, whose descriptions and clinical histories coincide with the affection I have

attempted to portray. Much confusion has been added by denominating it a dermatitis as well as by magnifying certain minor attributes, which were disproportionately enlarged and dwelt upon at the cost of others apparently more trivial and perhaps more important. As this paper has already transcended upon the limits which it should occupy, I will close hoping that it will have awakened a certain amount of interest in that evershifting and varied group of cutaneous affections included in the classes of the angioneuroses and erythemas.

Inflammation and Chemotaxis.\* By Dr. P. G. Unna, Hamburg. (Translated by C. Bernard Wolff, M. D., New York.)

Gentlemen:—When I received the valued invitation from your president to appear before you as your guest, I was not long in doubt over a subject for my remarks. For I have been occupied for two years with the application to the manifestations of disease in the skin of a doctrine, the author of which you reckon with pride among your number, and to whom personally I have today the honor of offering some of my results. I refer to Prof. Leber, who in his work on inflammation of the eye founded the doctrine of the rôle of chemotaxis in inflammation.

If the task of characterizing and systematizing different inflammations of other organs presents sufficient difficulty, it is infinitely more complicated when concerned with those skin diseases recognized as inflammations. This is simply from the reason that we see incomparably more inflammatory conditions in the skin, and can more readily observe their course and results, than in any of the internal organs. The number interferes with each systematic classification, and previously obtaining theories of inflammation prove insufficient. It is in this connection that it is first noticed what in inflammations of the internal organs, coming to us piecemeal and fragmentarily, is frequently overlooked—that scarcely a single disease revolves in the same circuit as another that each is a pathological mist.

But the human mind does not like to accept oneness, and we are thus forced into generalizing, and the general and extraordi-

<sup>\*</sup>Read before the Medical Section of the Heidelberg Society for Medical and Natural Science. January 29, 1893.

narily comprehensive idea of inflammation will hardly be banished from pathology. Each one must content himself with it.

How beautiful it was when Virchow's former conceptions were verified—that the living elements of the skin fell into activity and produced the symptoms of inflammation!

How satisfying again when Cohnheim, correctly in most instances, had placed injury of the blood vessels, that great riddle of pathology, in the centre of the inflammatory act.

But the study of inflammation teaches us unfailingly that certain changes characteristic of inflammation frequently happen, and just as frequently fail to take place in conditions which the clinician dare not exclude from inflammation in the skin.

In the search after and desire for a more general and comprehensive pathological principle, which should in a measure share in the clinically protean nature of inflammation, and approximate in its capacity for extension, I happened after a time upon the investigations of Pfeffer (1) and Leber (2) of the chemotactic action of certain substances upon bacteria and leucocytes. How the scales fell from my eyes! Here we have a new general principle of prime, and until now unknown, efficiency which at least for those skin inflammations known to me does all that one can expect of a general explanatory principle.

How mysteriously the chemical attraction of living material catches the fancy?

It is founded on fact, and gives, it seems to me, the foundation to the understanding of each inflammation.

This conception is not, however, entirely new; for were not the old, obscure, long-abandoned theories of inflammation also theories of attraction?

A year ago I showed in the example of Bockhardt's impetigo (1)—pure and simple epidermal abscesses developed by the yellow and white staphylococci—that diseases of the epidermis need no further explanation than the chemotactic action of staphylococci upon leucocytes; in short, their leucotactic action.

In this location the conditions for determining the origin of abscesses lie as favorably as in the cornea, perhaps even more so. The staphylococci are present in a non-vascular membrane—the epidermis, immediately under the horny layer, but without their proliferation, doing direct, perceptible injury to the epidermal cells.

We can, therefore, safely say that all morbid products which collect around the penetrating organisms were drawn from a distance, and drawn by these organisms alone, because no pathological changes of the prickle layer for the emigration and attraction of leucocytes come into consideration; and if we go still further we see that also in the region from which the leucocytes come—the papillary layer richly supplied with blood-vessels—there is no perceptible injury to the blood-vessels, or at most only a slight dilatation, and that the emigration to and around the papillary vessels after the formation of an abscess does not persist, but immediately ceases. So we are forced to the conclusion that, with the attraction of leucocytes from the papillary vessels, the entire morbid, the whole "inflammatory" process is ended.

Therefore, even though a purulent inflammation with frank abscess formation be present the entire iuflammatory event resolves itself into the simple proposition of chemotactic action. This it is that stands in the centre of the phenomenon. All that we perceive further, the formation of abscesses, their encapsulation or rupture internally or externally, are but further consequences of the same cause.

All previously advanced theories are not only unnecessary, but are even insufficient for explanation, because each histological basis (cell proliferation, injury of vessels, of epithelium, of connective tissue) is absent.

This simple example of a high grade of inflammation which begins and ends with a simple chemotactic attraction of an exudate is extraordinarily instructive.

You see therefore, gentlemen, that the model is not Cohnheim's experiment upon the frog's mesentery, but is the tube of Leber in the anterior chamber of the eye filled with leucocytes, as if transformed into an abscess because it contains an active leucotactic substance.

Not the dilated blood-vessel with leucocytes upon its walls forms the centre, with the other appearances grouped around it in a circle, and the far-removed abscess being the single phenomenon at the periphery; but on the contrary, the forceful injury, the accumulation of staphylococci, represent the centre with all the capillaries at the circumference participating in the formation of the abscess in the centre, the leucocytes are not forced out from the *injured* vessels, coming by chance into the domain

of the enemy there to be fixed, but they are energetically drawn from the *uninjured vessels* after one plan, to one point. This accounts then for the rapid formation of a large drop of pus without important changes of the periphery being visible.

You will perhaps say that I substitute a new obscurity for an old one, for it would remain the same whether the leucocytes creep in, are forced in, or are allured.

This inversion of the notion of mechanical force seems to you perhaps trivial and irrelevant. But I hope to show you that this inversion of our views at one stroke explains many obscurities in the study of inflammation, and creates explanations of what was hitherto inexplicable.

Let us now turn to vesicular affections of the skin, because, for obvious reasons, these exudative inflammations of the epidermis furnish transparent examples of the chemotactic origin of inflammation. There are in the details many differences, particularly in the morphological and chemical nature of the exudates, and it is to these that I especially desire to draw your attention this evening.

An affection in recent times associated and confounded with staphylogenous impetigo is the vesicular form of eczema. One has here definitely to decide between two different vesicular forms—the ordinary vesicles of chronic eczema, and a very infrequently observed vesicular efflorescence of acute course which spontaneously or by intentional inoculation develops the organisms of eczema under the horny layer. The latter characteristic alone corresponds fully to staphylogenous impetigo in its mode of origin and structure, and it is this that we shall consider.

What the staphylococci are to the pustule in this form of eczematous vesicle are the morococci of eczema. We can hence understand why these acute vesicles are relatively infrequent, for in contradiction to staphylococci which are faculatively anaërobic, the morococci cannot well exist without oxygen. They are exquisite aërobic examples, and are consequently limited to the superficies of the skin. For if under peculiarly favorable circumstances they penetrate into the deeper layers, they very promptly die, and the affection caused by them heals rapidly and spontaneously.

I demonstrate here two preparations of the vesicles caused by morococci upon the human skin—one spontaneous, the other from inoculation.

Their similarity to impetigo consists merely in the circumstance, that in both instances the micro-organism has penetrated under the horny layer, and has attracted to itself a drop of pus, which has raised up the horny layer from the compressed prickle layer. But more important for us than this analogy are the differences between the two vesicular forms.

In the first place, the staphylococci form the well-known grape-like clusters, which are principally situated upon the summit of the drop of pus, between it and the horny layer, and later on extend in a radiate manner into the compact collection of pus without penetrating into the pus cell itself. The morococci, on the contrary, form diplococci and mulberry masses and distribute themselves regularly through the looser, more fluid pus, and become carried off by the leucocytes-clearly a result of their feeble viability after the exclusion of oxygen. The contents and structure of this vesicle, as well as the organism, present marked differences. Besides many leucocytes it contains a large amount of serum, so that the contained pus is thin and fluid; the roof, sides and floor of the vesicle are less firm and less sharply defined from the contained pus. From the roof, softened horny cells become loosened, and from the floor swollen cells form the granular and prickle layers and mix with the pus. The lymph spaces of the epidermis in the neighborhood of the vesicle are There is some ædema around the vesicle. distended. after the vesicle has dried down into a crust one recognizes its eczematous nature by the presence of the large amount of coagu-The appearances in the papillary bodies are also lated serum. unimportant in the eczematous vesicle; only in the beginning there is a broad hyperæmic areola.

In this example, though the exudate is likewise the result of chemotactic, remote action, there are important morphological and chemical differences in the exudate which indicate that not only leucocytes become attracted, but also a large amount of serum. One would judge a priori that an emigration of leucocytes without an admixture of serum to be inconceivable, and after the Cohnheim idea of the greater porosity of the vessels in inflammation it would be inconceivable. But the instance of staphylogenous impetigo and its differences from morogenous eczema teaches us better. The serum of vesicles is not a necessary concomitant of leucocytes. It comes independently into

the vesicles, and if we accept chemotaxis for leucocytes on good grounds it is inconsistent to entertain another idea of the transudation of serum, simply because serum is an amorphous albuminous body.

Now let us consider before we proceed to further conclusions certain other vesicular affections. The third preparation is from an infant of one and a half years. The eruption was vesicular and presented a certain external similarity to the vesicles of vaccinia. The vesicles occupied chiefly the upper part of the face and extended to the hairy scalp, cheek and chin. Some vesicles also appeared in the inguinal region. The baby was afterward vaccinated and with success.

Here you have again a vesicle constructed entirely after the type of impetigo. The horny layer is raised up from the prickle layer by an exudate the size of a lentil, and we find the cause of this at once on the apex of the exudate on the underside of the horny layer—a colony of cocci penetrated through a sweat pore\*, and differing in many particulars from the accumulations of both staphylococci and morococci. One cannot, however, definitely characterize from one case alone.

The epidermis and the papillary bodies appear entirely normal and only mechanically compressed. But what is particularly interesting to us is, that the exudate consists of pure serum. Not one white blood corpuscle is in the vesicle or at its base. Now it is, according to the present idea, entirely possible that in inflammation serum relatively free from leucocytes leaves the capillaries; but when it is entirely free from leucocytes the conviction becomes necessary that the few leucocytes that leave the bloodvessel normally are prevented from emigration, and that consequently the leucocytes are actually repelled.

This third example teaches us further that the mixing of serum and leucocytes in the vesicle of eczema is not given eo ipso by a certain grade of inflammation. We have, then, before us, a pure serum vesicle, as impetigo was a pure pustule. We are the more forced to the belief that each inflammation—causing organisms after its own peculiar properties—attracts a definite formed or unformed constituent of the blood and repels others, and in this manner creates a certain kind of exudate. It be-

<sup>\*</sup>A rare occurrence. The sweat pores generally enjoy an immunity from bacterial invasion.

comes ever clearer that between the cause of inflammation and the exudate there exists a constant and real relation, but not such as we were hitherto accustomed to accept between the exudation and a certain degree of vascular or tissue injury.

I could cite you, gentlemen, solely from the instance of vesicular affections, a great many more examples, amply proving each in the same manner as above; but I shall content myself with giving only one more, which shows that the chemotactic selection of unformed blood constituents is in each case clearly and accurately defined.

In the case of the ten year old child H., there has appeared, for four years, upon the buttocks and extensor surfaces of the thighs, at greatly varying intervals, round or irregularly shaped, fairly large vesicles, from the size of a pea to that of a lentil. At present small yellow pustules with reddened bases appear in From its clinical aspect one could suppose an impetigo of peculiar course and extent, but the histological examination reveals something quite new. The entire efflorescence in all its parts is beset with stringy fibrin, not only the swollen horny roof of the vesicle, but also the vesicular contents and the entire prickle layer underneath. In the interior of the vesicle the contained leucocytes as well as the epithelium of the vesicular floor are entangled in a dense network of fibrin. A large number of leucocytes have pushed through the cutis under the vesicle, which appears hyperæmic and ædematous.

As for the organisms causing this bullous skin inflammation, we find in the central section only one definite kind—small grape cocci, which, without being anywhere enclosed in leucocytes, stud the vesicular contents in its midst; further than this we meet with no micro-organisms.

That we are not concerned here with the ordinary grape cocci is shown by the differences in size and form, upon which I shall not now enter, and by the striking amount of fibrin which is conspicuously absent in common staphylococcous suppuration.

It is not admissible here to speak of a mere variation in the usual process of inflammation—a simple surplus of fibrin—as if fibrin must be or could always be present at certain stages. But here the fibrin is present in quantity so disproportionate that we do not find a similarly great amount even in the typical fibrinous inflammation—erysipelas—and further, the fibrin appears at the

very height of the process of formation of the vesicle. It does not in all probability originate at the decline of the efflorescence from degenerated leucocytes and washed-out epithelium, for all the cellular constituents are in good condition, easily stained, as are also the protoplasm and nuclei; and besides they are all entangled in the compact mass of fibrin which fills all the lymph spaces of the epithelium. So no other alternative is left us but to confess that, besides many leucocytes, here we have a nearly exclusively fibrinous substance which occupies the position of ordinary serum from the blood-vessels, and has followed the chemotactic attraction of micro-organisms.

Now let us review in mind the four vesicles: We have in the impetigo pustule a pure leucotactic, in the vesicle of eczema a leuco-serotactic, in the third vesicle a pure serotactic, and in the fourth a leuco-fibrinotactic action of the micro-organisms, which represent just so many inflammations of the epidermis.

In each case we recognize the same pathogenesis: a microorganism penetrating under the horny layer, multiplying itself in contact with the tissue juices, thereby producing toxic principles, and each after its chemical nature influencing the tissue in a larger or smaller semi-circle, and acting upon the movable elements, i. e., the constituents of the lymph and blood, as well as putting the wandering cells in motion, in the widest meaning of the term.

The casting off of some tissue constituent escapes our notice, as there occurs a broadcast scattering and centrifugal dispersion; but, on the other hand, the attraction of definite formed or unformed movable elements appear very soon, for by a centrifugal confluence they form and indicate the centre of attraction. This accumulation we call an exudate; the whole process, inflammatory.

You may think, gentlemen, that the process is not exhibited as clearly upon the other parts of the skin as in vesicular affections of the epidermis. The visible punctate apertures of entrance and the unilateral direction of the poison, on the one hand, and the non-vascularity of the epidermis on the other, offer as transparent and easy objects of study as one could imagine. But I assure you that, though the appearances are so clearly presented here, the principle does not fail in other inflammations of the skin and may perhaps be equally applicable to inflammations of other organs. At all events, it facilitates the analogies of the phenomena in a very welcome manner.

Let me mention only one point which is extremely valuable in the explanation of many dermatoses: the principle of chematoxis always involves the idea of remote action of micro-organisms. This is moreover dependent upon certain external conditions. The micro-organisms must multiply themselves and can accumulate up to a certain point in order to form their toxine, and their surroundings must to a certain extent be moistened to allow a diffusion of these toxines. I do not believe, for example, that the great mulberry masses of morococci, such as we so often find in dry horny scales, can attract an exudate in the form of a vesicle; but I do believe that a new proliferation of cocci and a moistening of the epidermis are necessary conditions for it. if the necessary conditions are fulfilled we can well conceive how the bacteria limited to the epidermis (horny layer) can influence the cutis—a view which was to me formerly incredible, as I freely confess. It did, however, convey the possibility of an ætiological understanding of many skin inflammations, particularly catarrh of the skin and folliculitis.

In the future we may not limit with certainty the situation of the cause of inflammation in the *cutis*, because we perceive in an affection the first inflammatory changes in the cutis elements, *e. g.*, lichen planus; but we must also consider the possibility of its location in the *epidermis*—that is the possibility of remote action; not only is the principle of chemotaxis applicable to explaining and advancing the special study of skin inflammations, but it will also prove of great utility in general pathology.

That suppuration under the influence of a bacterial toxine withdraws from the isolation into which it has fallen in recent times, as distinguished from other forms of inflammation by its special etiology, is to be hailed with joy. For the notion of the apparent harmony in other inflammations, serous, fibrinous, croupous, hæmorrhagic, etc., because they can be produced in all possible cases in the same way by corresponding graduation of stimuli, will, I believe, in the future be abandoned.

The more exact the methods of study we employ, the more clearly appears to us the existence of a special selection in exudation. A definite chemical stimulus, even the meanest, represents an exudate of definite chemical construction, and it changes at once if the stimulus (toxine) changes—as for instance, if the organism die or there occur decomposition of the nutrient soil.

How mechanical stimuli to inflammation act—how few there are—how other physical causes (heating, freezing), if indeed they be not previously converted into chemical, are to be dealt with, are questions for the future. Furthermore, the diapedesis of red blood corpuscles, the class of hæmorrhagic dermatoses, the migration of fats and pigment, are to be examined from this new point of view.

Finally, let me point out the solution of two old riddles which the principle of chematoxis yields. I refer to the paradoxes which Cohnheim's studies on inflammation have left behind. 1. The primary injury of blood-vessels, which is to explain the extravasation of leucocytes; and (2) the slowing of the blood current in spite of dilatation of the blood vessels in inflammation. Now, as concerns the solution of the injury of blood-vessels, which since Cohnheim has been so zealously sought after, history has spoken. No one knew how to establish this as a constant and primary symptom, and when Cohnheim, foreseeing the negative result of these inquiries, transferred once and for all the injury from the visible cells to the invisible molecule of the vessel wall, he withdrew from general discussion his hypothesis of vascular injury. But in reality, Cohnheim would have been much pleased by the statement that there was a visible permanent injury. This cannot be discovered in the skin disease which I here exhibit.

But the principle of chematoxis makes the supposition of a primary injury to blood-vessels entirely superfluous and the research after it vain. The substances attracted from the bloodvessels and cells push their way through the uninjured walls, and can occasion at the most only a secondary injury to the bloodvessels in the event of the process lasting sometime. We have only to explain those sources of attraction, external to the bloodvessels, to reduce the entire phenomena to reason. that another attraction, namely, negative air pressure, as in the cupping glass, can draw away all the constituents of the blood from the sound vessels. And just so easy of explanation as the foregoing is the paradox of the slowing of the blood current in dilated vessels, whereby inflammatory hyperæmia is chiefly distinguished from congestive or paralytic hyperæmia.

How many ingenious explanations have been invented to clear up this fact! The example of negative external pressure in cupping: a force of the same direction and same effect as the positive external force of chemotaxis manifestly explains this phenomenon also. While single constituents of the fluid portion of the blood are drawn out, the blood of course of the whole region must be "fixed" by the same force of attraction; and in fact the damming up of the blood and the consequent engorgement hyperæmia, as well as the fluid constituents of the blood, are under chemotactic influence.

Regularly after the kind and strength of the chemotactic force will the mural position (Randstelling) of leucocytes at one time appear; at another time great dilation of the blood-vessels with intense serotaxes, globulinotaxis and fibrinotaxis; and it is this multiplicity of conditions that we actually find in microscopical examinations of inflammatory tissue.

Viewed in this light, inflammatory hyperæmia stands far removed from the nervous or paralytic, and contains many more analogies to engorgement hyperænia, which comes from a definite physical cause, namely, elevation of atmospheric pressure and gravity. These distinguish themselves fundamentally, however, from inflammatory hyperæmia by the absence of that chemical selection of an exudate. The analogy obtains only in the rude mechanism of the process. We have here, when we think of it, a fine differential definition between the notions exudate and transudate—an exudate is hereafter the result of a chemotactic action; a transudate of a physically caused transposition of the constituents of the fluid blood from the blood channel to the tissues.

Our definition of inflammation in general would be provisionally—a tissue injury (progressive or retrogressive, exudative, proliferative, or merely nutritive) occasioned by the issue of an exudate from the blood-vessels as a result of the presence of a chemotactically active body in the tissue.

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ON THE DIAGNOSIS OF ABDOMINAL TUMORS.\* By W. P. MANTON, M. D., Detroit, Mich.

The, even casual, reader of current medical literature cannot but be impressed by the astonishingly large number of articles constantly appearing on subjects relating to abdominal surgery, and the prominence which they are accorded by the journals of the day.

As the latter are the indices of the currents of medical thought, the inference to be drawn is, that the surgery of the abdomen is at present the most important subject before the pro-But, reading between the lines, the fact becomes apfession. parent, that as a rule the article, to quote from Mr. Bland Sutton's† recently issued work, "displays a notorious amount of egotism," and is, in short, more for the aggrandizement and advertising of the writer, than as a beacon light to others engaged in abdominal work. Helps to diagnosis, technique, and the pathology of the condition are in the mass of literature like the grain of wheat in the bushel of chaff. The commercial aspect and the idea of fame, in abdominal surgery, is a strong incentive to the tyro to undertake operative procedures of which he has little or no knowledge, and in which to him experience plays no "There is something very fascinating about abdominal surgery," writes Mr. Hawkins-Ambler. "Like literature, it is

<sup>\*</sup>Read by invitation before the Kalamazoo Academy of Medicine.

t" Surgical Diseases of the Ovaries and Fallopian Tubes," Phila., 1892, preface.

a vocation that men think they can enter without serving an apprenticeship. Just as shy men, when they do act and speak, do so with a brutal frankness, so the shy surgeon, afraid of the aneurism, the mutilation, and the visible complications of ordinary surgery, proclaims his fitness to do a Porro on occasion; and repudiating all reverence for that peritoneal cavity which many general surgeons of consideration still open with care, is satisfied with nothing less than abdominal surgery. Once inside the peritoneum, something must be done to excuse the operation, which succeeds or does not succeed."\*

To the thoughtful man, conservative but progressive, it must be evident that there is too much of this sort of thing. Not too much done for the relief of suffering and the prolongation of life, but too much unwarranted ambition on the part of many to spring into sudden prominence; or to outnumber the cases of those who, by long and patient endeavor, have won for themselves distinction in this line.

Fascinated by the glitter of the knife and the published results of prominent laparotomists, how often is the practitioner led to ignore the sacredness of human life, and, seized with the operative furor, to plunge recklessly into the peritoneal sac. It cannot be denied that the leaders who have done so much to develop this branch of surgery are much to blame for this. Forgetting their own beginnings, their years of patient toil, their opportunities, they place before the profession, on printed page and by spoken words, methods and results achieved in such roseate language that the unwary are misled into believing intraperitoneal surgery a fairyland, where every operator is Prince Beautiful.

They too often forget that " Uebung mucht den Meister," and that it is to this practice they owe their own success. Some one has said that no greater misfortune can befall the beginner than the successful termination of his first abdominal section. For, inflated by his own imaginary skill, he fails to appreciate the importance of the matter, neglects to study his faults and his patient, and, perhaps, goes on sacrificing life after life until some peculiarly unfortunate occurrence brings him up with a sharp turn and the scales fall from his eyes. The words of Dr. T. Gaillard Thomas, regarding the operation of ovariotomy, stand for ab-

<sup>\*</sup> The British Gynæcological Journal, 1892, p. 297.

dominal surgery in general, and are perhaps more pertinent today than when first uttered many years ago: "The observations of others may not agree with mine, and many may dissent from what I am about to advance; but to me it stands forth clearly as an influence which has done, and is doing, much to injure the position of ovariotomy as a surgical resource. It is this: operation of ovariotomy is at present in this country performed by men inexperienced in the diagnosis and treatment of ovarian The statistics of some of the best operators prove that they have been progressively successful as they have advanced in experience and learned to avoid the dangers attendant upon the procedure, and we must conclude that they who operate for the first or second time must damage the array of reported cases and increase the rate of mortality. I know full well that it may be asked, in reference to this statement, if inexperienced men never operate where would our supply of new surgeons come from? In reply to this I would remark: that if the professional relations of any man make it likely that he will be frequently called upon to perform this or any other operation, he should prepare himself to meet the demand upon him; but I cannot think it incumbent upon any practitioner upon whom no such a demand is likely to be made to undertake so formidable an operation, if the services of skillful and experienced men be attainable for its performance. I sincerely believe, as the result of observation, that the third influence which I have stated as marring the statistics of the subject is by no means an insignificant one, at least in the United My impression is, that if the histories of all the single operations performed by different practitioners in this country were published, they would present a lengthy and by no means pleasing exhibit."

This opinion, advanced so long ago by one of America's best-known specialists, would, I believe, to-day be most emphatically emphasized by every operator of any experience and note.

But dismissing the question of who shall or shall not undertake abdominal operations, let us turn at once to the subject proper of this paper.

Whether qualified or not to enter the peritoneal cavity, it is quite certain that every general practitioner should be competent to diagnose, approximately at least, the various new growths which may develop from organs or parts within the abdominal

space. I use the word approximately advisedly; for, as will be presently pointed out, the specialist of large experience is often unable to determine with any exactness the nature of the abdominal tumor which may be before him.

"From my experience in abdominal surgery," says Ross,\*
"I am convinced that no man can be positive of his diagnosis of intra-pelvic (abdominal?) disease until it is confirmed by abdomnal operation."

As the patient afflicted with an abdominal growth is usually first seen by the family physician, to whom she turns for succor and advice, how important is it that the latter should be able to set her fears at rest, or to point out to her the nature of her trouble, and the treatment best adapted to her individual case.

From a somewhat extensive experience in dealing with this form of disease, I am convinced that many otherwise well-informed practitioners fail to recognize, not only the most common varieties of abdominal tumors, but even normal pregnancy.

This may, perhaps, be due to a lack of diagnostic acumen; but, as I fear is too often the case, results from a too hasty and careless examination of the patient.

To illustrate by a few examples:

During the past week a patient from out of town was referred to me by Dr. Waldo Clark, of Detroit. In the spring of the present year she had missed two periods, and then flowed for two weeks; again missed two periods, and when about five months along in pregnancy, as she supposed, she consulted a physician in a neighboring village who confirmed her diagnosis. During this period the abdomen had slightly increased in size, and the woman has "felt motion" at the proper time. As her condition and feelings, however, were quite different from any experienced in previous pregnancies, and as she continued to flow at intervals of two months, she became very uneasy and greatly The period of her supposed gestation being distressed in mind. at an end, and no signs of labor setting in, she was persuaded by friends to visit Detroit and consult Dr. Clark, who kindly referred her to me.

Without going further into the details of the case, the conditions found may be briefly summed up: the patient was not pregnant and there was no tumor. The abdominal enlargement was

<sup>\* &</sup>quot;Diseases of Women," 4th Ed., 1878, p. 740.

due to the accumulation of fat which so frequently takes place at the menopause. The "motion" felt by the patient was visceral neurosis, and the hæmorrhage was the result of an endométrial catarrh and a small mucous polypus.

Another case of menopausal fat-accumulation came to me with the diagnosis of ovarian tumor from a well-known practitioner; and a perfectly normal case of pregnancy was sent in from a distant town with the same diagnosis.

I show you here the sac of a 20-pound ovarian cyst recently removed from a woman 62 years of age. The tumor had been diagnosed on two different occasions by the same physician—a man of large experience—as a fibroid, and the patient had been advised not to submit to an operation.

Here is the sac of a 25-pound ovarian cyst, removed from a girl 17 years old. A diagnosis of pregnancy had been made by her family physician, and she had been sent from the northern part of the State to be confined in Detroit, in order to avoid the scandal which would naturally have followed a delivery at home. This tumor, a fibroid springing from the right side of the uterus, was sent as an ovarian cyst; and this dermoid of the abdominal wall was also diagnosed as arising from the ovary.

In each of these cases the diagnosis had been made by a physiciau of more or less skill and ability.

But while the instances of incorrect diagnosis cited concerned comparatively simple growths, the determination of the nature of the abdominal tumor often presents the greatest difficulty. Ross\* saw a surgeon "who had made many a correct diagnosis open the abdomen of a patient for the avowed purpose of removing a dead fœtus some months past term. The dead fœtus proved to be a simple ovarian tumor with many adhesions and very thick walls."

I well remember a patient in the sick ward of the Vienna Maternity who was considered to be the subject of an ectopic pregnancy by a man who numbered in his experience thousands of obstetric cases, besides Cæsarian sections and various cœliotomies. Two able assistants, and others, backed him in his diagnosis. The uterine sound had been passed on several occasions, and the case was watched over with the greatest solicitude. The patient finally, becoming weary of hospital restraint, returned to

<sup>\*&</sup>quot;Transactions American Association of Obstetricians and Gynæcologists," 1892.

her own home, was in due time delivered per vias naturales, and reappeared at the clinic for the treatment of an extensive pelvic exudate which had existed during pregnancy, pushed the uterus to one side, and thus deceived those who had previously had the case in charge.

A surgeon of ability recently opened up the pregnant uterus under the impression that he was dealing with an ectopic gestation; and the great Vienna surgeon is said to have operated on a case of "ovarian tumor" which, too late, was found to be a normal pregnancy at full term. Instances of like nature might be multiplied, but those cited amply illustrate the difficulties in diagnosis often met with.

Errors, however, can usually be avoided by a careful, systematic examination of the patient; the examiner having a fair knowledge of the topography of the abdomen and the appearance of new-growths with which the organs may become involved. If we draw an imaginary line across the abdomen at the level of the umbilicus—which is rather nearer the pubes than the ensiform cartilage—we divide the belly into two unequal spaces.

All tumors developing below this line arise from the uterus or its adnexa; all above the line from the liver, kidneys, spleen, and pancreas. Besides from these organs, we may have newgrowths or cysts, developing from the intestines, mesentery, omentum, peritoneum, and the various lymphatic glands of the abdomen.

This is, of course, a very crude classification of the position of intra-peritoneal tumors; but if the topography and relations of the parts which we have under examination are kept in mind, it assists very greatly in the making a diagnosis.

The variety of growth can only be determined by a careful examination of the patient. In this examination we include: the history of the case; inspection of the abdomen; palpation; percussion; auscultation; mensuration; vaginal and rectal bimanual examination.

The history of the case is of the utmost importance in throwing light upon the first appearance and position of the tumor, the rapidity of its growth, effect upon the patient's general health, circulation and digestion, the painful and other sensations produced, and many other somatic conditions.

Too much stress cannot, however, be laid upon the patient's

statements, which must be corroborated by the objective signs. Thus, in the case of the supposed pregnant girl, who had an ovarian cyst; the patient confessed to having had improper relations with a male acquaintance, although on closer questioning I ascertained that the affair had taken place more than a year previous to the first appearance of the tumor, and nearly two years before the case came under observation—a fact which she had failed to impart to the family physician, who had at once accepted the confession and jumped at the conclusion of cause and effect.

In the case of the old woman already alluded to, the tumor had first been noticed in the left iliac region, although at the operation the growth was found to spring from the right side.

A specimen of strangulated ovarian cystoma recently exhibited for Mr. Tait, before the British Gynæcological Society, was taken from a woman who the day before the operation was in good health, and had no idea that she even had a tumor. She was suddenly seized with a violent spasmodic pain in the hypogastrium, vomiting copiously a bilious matter, and a tumor was then discovered rising out of the pelvis.

Pain is also at times very deceptive in its relation to the position of the new growth. I have frequently found small tumors on one side to be associated with excruciating pain on the other side. Backache may be associated with almost any disordered condition of the pelvic viscera, and is, therefore, as I have already elsewhere pointed out, of no diagnostic importance.

Pain in the region of any of the organs above the umbilical line would naturally lead to particular investigation at that point.

In a case of pseudohydatid tumor of the peritoneum, upon which I operated about a year ago, severe pain in the feet, gradually creeping up the legs, was the first symptom which called the patient's attention to the abdominal swelling.

Hæmorrhage from the uterus frequently takes place in cases of ovarian cystoma—it is usual with submucous, more rarely seen in interstitial, and rarely in the subserous variety of fibroid; except in those cases where a polypus is also present in the uterine cavity, so that a history of profuse menstrual flow, or an inter-menstrual bloody discharge, may point to either one of these or several other conditions.

Hæmorrhage is not of infrequent occurrence during a portion

of normal pregnancy; associated with the discharge of decidual flakes and other symptoms it should lead the physician to suspect ectopic pregnancy.

By inspecting the abdomen we are able to judge of the amount of distention present; the irregularities of surface; the color and condition of the skin, and the dilatation, or not, of its vessels. A flat or pouting umbilicus will indicate, in the first instance, the presence of a tumor; in the second, of free fluid (ascites) in the peritoneal cavity. By requiring the patient to take long, slow inspirations the presence or absence of parietal adhesions may frequently be determined—according as the abdominal wall glides over the tumor, or remains fixed.

In palpation we have the most exact means of diagnosis at our disposal. Careful pressure over the surface of the tumor with the fingers—not the tips—will reveal the consistence of the growth, whether it is hard or soft, solid or with fluid contents. By placing the flat hand on one side of the swelling, and with the fingers of the other hand gently snapping against the opposite abdominal wall, the presence of fluid will be indicated by a fluctuation wave. If the fluid is thin and watery, the wave will be distinct, quick and sharp, like the wind riffles on a lake; but if the contents of the tumor is thick and colloid, the fluctuation wave will be slow and heavy, like the circles made by a stone thrown into a quiet pool. Occasionally an abdomen tightly distended with ascitic fluid is seen, behind which an ovarian or uterine tumor exists, but so masked by the overlying fluid as to be unrecognizable. Such a growth I removed from a patient at the East Michigan Asylum about a year ago.

I know of no way of positively diagnosing this condition except by exploratory incision.

Before attempting palpation the patient should be placed in the dorsal recumbent position, with the heels firmly planted and the thighs slightly flexed. The corsets should be removed and all tight bands encircling the body loosened. The physician stationed at the patient's left side, should then begin by laying the hands on either side of the tumor, the finger-tips extending to just above the pubes. With each expiration of the patient the fingers may be pressed deeper and deeper into the abdominal space, until, if the new-growth is small, it is often possible to reach the posterior abdominal wall. Roughly done, this, or any

other manipulation, is likely to cause a contraction of the abdominal muscles, and thus defeats the purpose of the examination. Ascertaining in this way the extent to which the tumor enters the pelvic space, the palpation is carried upward along one side over the fundus of the growth and down the other side. By this means the size and position of the growth is mapped out and all depressions and elevations, solid and cystic portions, carefully noted.

Percussion naturally follows palpation and enables the examiner to determine more particularly the position of the intestines. In simple ascites, or in ascites with a small tumor, the intestines float to the top, unless the growth should happen to be adherent at that point, and the percussion note is clear and tympanitic above, with dullness at the flanks—reversing as the position of the patient is changed from recumbent to sitting. Over cystic or solid tumors the percussion note is dull or flat, except in circumscribed areas, where a coil of intestine may pass across the tumor, being fixed by adhesions. The quality of the note is often modified according as the percussion is superficial or deep. In this way small growths with overlying intestines may be detected.

From auscultation not much can be determined. The fœtal heart tones and the placental bruit in pregnancy, the vascular bruit in fibroids and sarcomatous tumors, the "leather creak" from the friction of the tumor against a roughened peritoneum, and the gurgling of fluids and gases in the intestines, are about all that can be made out. Mensuration serves to indicate the position of the growth which has developed most rapidly, and the portion of the abdomen which is most distended.

By vaginal and rectal examination we are able to determine the connection of the tumor with the uterus, ovary or broad ligament, whether the uterus is drawn upward and elongated or displaced, and if flattened against the pelvic wall. The side from which the tumor springs is made out, and often the size of the pedicle and the presence or absence of adhesions determined.

Such, in brief, are the physical methods which should be systematically employed in the investigation of intra-abdominal growths. If they are carefully followed out, together with the history of the case, very little difficulty will be experienced in making a fairly correct diagnosis.

After the third month no one should fail to make a correct diagnosis in cases of normal pregnancy; and pregnancy once excluded, the determination of the nature of the abdominal growth is greatly facilitated.

32 Adams Avenue West.

PROGNOSTIC APHORISMS. (From the French of Dr. Gabriel Reignier. Translated by Chas. Everett Warren, M. D., Boston, Mass.)

#### [CONTINUED.]

#### MEASLES.

- 71. The more confluent the eruption, the more severe the character.
- 72. When measles begins with oppression, epistaxis, continued vomiting and intense diarrhea, and when these prodromata continue more than four days, look out for danger. The disease is ataxic.
- 73. Initial convulsions with the temperature at 104 degrees indicate a fatal termination.
- 74. The prognosis is serious if the eruption does not at once spread over the whole face and follows an abnormal course.
- 75. If the fever does not decrease with the eruption and continues after the eighth day, the end is questionable and serious.
- 76. Redness and vultuosity of the face persisting after the eruption are had signs. The same is true of excessive pallor.
- Note.—Vulteux, euse, is an expressive term used by the French. Littre's definition is vultosis from vultus; Spanish, vultuoso; German, vultuos. The cheeks and lips are swollen, the tint a carmine red, the eyes prominent and the white more or less injected.
- 77. Mistrust a tenacious cough and oppression, accompanied with diarrhœa, insomnia and nocturnal agitation.
- 78. A rapid disappearance of the exanthemata ought to arouse the watchfulness of the physician. It often announces the imminence of complications.
- 79. Secondary and complicated measles of an irregular type is fatal two out of three times.
- 80. The patient or convalescent stricken with measles ought always to be considered in peril.

- 81. If a broncho-pneumonia develops during the course of an abnormal or secondary attack of measles, expect death in six cases out of eight.
- 82. Gangrene is one of the most terrible complications of measles.
- 83. A diffused, subcrepitant rale, accompanied with oppression on the second or third day of the invasion of measles, is a menacing symptom of great danger.
- 84. Nothing is more questionable than convulsions appearing after the eighth day of measles.

#### MILIARIA.

- 85. Strong, sanguine subjects are the most exposed to fatal ends.
- 86. Intense fever, excessive abundant sweat, terror of death and great anxiety are of fatal omen.
- 87. In the intermittent type the possible intervention of a pernicious type seriously shadows the prognosis.
- 88. When the sweat appears only partially and not on the whole body, especially on the trunk, look out for trouble.
- 89. When the eruption suddenly disappears look out for danger.
- 90. A fatal termination is almost inevitable if at the moment of eruption the sweat is suddenly suppressed.

#### WHOOPING COUGH.

- 91. When in twenty-four hours the cough advances to a number of forty, the disease is grave in character.
- 92. When the cough increases to sixty in the twenty-four hours, be assured that the child will succumb to concomitant accidents.
- 93. Whether of a simple or complicated type, if the eclampsia occurs, expect death in twenty-four hours in the majority of cases. Few children escape.

(Aphorisms 94 to 96 inclusive are omitted.)

97. Interlobular emphysema is generally a fatal concomitant.

#### ACUTE ARTICULAR RHEUMATISM.

- 98. The gravity of acute articular rheumatism increases with the elevation of the temperature.
  - 99. Violent delirium suggests imminent death.

- 100. When the abnormal symptoms remain subacute during two to three months after the termination of the acute disease, and the joints are seriously affected, expect a chronic and incurable case.
- 101. Fear and fatal presentiments almost always foretell a cataclysm.
- 102. Cerebral apoplexy, the manifestation of coma, from a clot, is almost inevitably fatal.
- 103. When the articular pains disappear, and at the same time the cerebral phenomena increase, the danger is at its height.
  - 104. If the termination is to be fatal, the complications rarely extend beyond-twenty-four hours.
  - 105. During the evolution of an acute articular rheumatism, if the vision is affected look out for danger.
    - 106. Articular rheumatism is of slight danger in an infant.
  - 107. The acute type accompanied with delirium is often fatal; the chronic form is less so.
  - 108. The prognosis in a case of rheumatism is so much the more grave as there is an hereditary history, or cerebral affections, as idiocy, general neuroses, acoholism, etc.
  - 109. The more intense the fever, the more severe the articular symptoms and the greater the number involved, so much the more unfavorable the prognosis, on account of the frequency of complications.
  - 110. The coexistence of pericarditis, pleurisy, or pneumonia greatly add to the gravity of the case. Endocarditis is of especial prospective danger.

#### PUERPERAL FEVER.

- 111. Its epidemic character greatly adds to its gravity.
- 112. In a case of recent confinement when violent and repeated chills occur, accompanied with rheumatoid pains in the joints, prognose a fatal issue, without doubt. Purulent infection exists and will prove fatal in ninety-nine cases out of a hundred.
- 113. When at the beginning the pulse is poor in character, the face greatly altered, diarrhea persistent and the stools fetid, and the abdomen greatly distended, the affection is of serious gravity.
- 114. When purple spots appear on the skin they indicate approaching death.

- 115. Nothing is so alarming as a disproportion between a state of quietude in the patient and a general constitutional disturbance.
- 116. The danger is so much the greater as the inception of the fever approximates the time of confinement, and vice versa.
- 117. Continuance of the fever at 104°, with an insignificant morning remission, is of the greatest gravity.
- 118. Strabismus, diplopia, and diminution of the acuteness of vision, are symptoms of extreme danger, considering that they are often manifestations of metastatic abscess of the brain.
- 119. A pulse of 140, accompanied with intense dyspnœa, without any pulmonary lesions, and a complete suppression of the lochia, are most fatal symptoms.
- 120. A clammy skin, accompanied with a constantly increasing pulse, a loud and sighing respiration, a pinched countenance, and marked depression of the system, announce imminent dissolution.
  - 121. The typhoidal form admits of but little hope.

#### GOUT.

- 122. The patient is sick with articular gout and dies with abnormal gout.
- 123. Asthenic gout of irregular development induces serious complications developing in the viscera.
- 124. The higher in the functional scale the organ (lungs, stomach, etc.) in which the metastasis takes place, the more violent the symptoms and the more severe the result.
  - 125. The return of articular inflammation is a good sign.
- 126. Every internal affection developed during an attack of gout should arouse a fear of danger.
- 127. Chronic gout, owing to its duration and the cachexia resulting therefrom, is more serious in portent than acute gout.
- 128. When the gout attacks an aged person, or one greatly debilitated, the outlook is serious.
- 129. It is the same when the local manifestations are irregular.
- 130. Fatty degeneration of the heart and arterial atheroma add an element of great gravity in this affection.

#### SCURVY.

- 131. When scurvy is concurrent with another disease the danger is great.
- 132. Extensive ulceration of rapid development conjoined with severe hæmorrhage is of serious portent.
- 133. If blood escapes from multiple ulcers and from the natural passages, at the same time infiltrating the tissues, there is no doubt as to the terrible issue.
- 134. Hydropsy, diarrhea and serous and sanguinolent effusions usually announce death.
- 135. Affections of the thorax, dysentery, general hydropsy, paralysis, vomiting and convulsions, meaning to a fatal termination.

THE TREATMENT OF THE GOTTY STATES—Clinical Lecture Delivered by Frank Woodbury, Malon Phosper of Clinical Medicine in the Medico-Chirurgical College; formerly Attending Physician to the German Hospital of Philadelphia, etc., etc.

Gouty patients should pay especial attention to the condition of the skin, and should avoid such exposure as would lead to chilling the surface and producing internal congestions. should also be taken to keep the stomach in a normal condition, avoiding excess of eating or drinking, and all articles which are known to produce fermentation and flatulence. Occasional cholagogue purges are useful, especially with colchicum preparations; but too frequent purgation is debilitating and should, therefore, be avoided. The kidney secretion must be watched and the appearance of a brick dust deposit should be regarded as a cautionary signal, to indicate either a deficiency of oxygen, hepatic failure, or errors of diet, or all combined. The occurrence of albuminuria should lead to the institution of proper measures to prevent the developments of renal congestion, or degeneration (gouty kidney).

Among the most important means of treating the gouty state is the persistent use of a good natural lithia water, which may be used at the table and at other times. As pointed out by Sir Henry Thompson, the artificial mineral waters or solutions of salts are less efficient therapeutically than waters from Nature's labor-

Many mineral waters are offered to the public for lithæatory. mic conditions, whose only therapeutic value resides in the water which they contain. Trousseau indeed cautions against an excess of water drinking by gouty subjects, as being injurious and likely This is more likely to occur where to intensify the symptoms. the kidneys have been structurally altered by the disease, and therefore have their functional activity more or less reduced. Lithia, on chemical grounds, is considered the most useful of the alkali remedies, because it forms more soluble salts with uric acid than any other base. It is not clear, however, why uric acid should combine with the lithia salts in the presence of sodium carbonates in the blood, when as a rule the base which forms the insoluble salt is considered to have a stronger affinity for an acid than one which combines with it and remains in solution. tion this because I am not willing to concede all the good results from such a water, for instance, as the well known Buffalo Lithia Water, to the presence of the lithia, any more than I would be to ascribe it entirely to the pure water which it contains. is that experience has abundantly shown that the good effects of the natural lithia water are to be ascribed to the peculiar combination of salts, just as in drug-prescribing we obtain special effects by combining our remedies. It is gratifying to witness the good effects of the daily use of four or five glasses of the Buffalo Lithia Water in relieving the usual symptoms of lithæmia, or even in removing the more severe condition of gravel or uric acid deposits. At the same time, I do not wish to be I think that at the present day there is danger of our taking too narrow a view of the pathology of gout, and to sum it up as simply uricæmia or lithæmia (lithiasis of Fothergill), or an increased amount of uric acid in the system. an unfortunate error. Uric acid is not the cause of gout; it is the gout, on the contrary, which causes the excess of uric In other words, the gouty diathesis, or condition, is that in which there is a tendency to increased formation of uric acid. and also of oxalates, and it is accompanied by other wellmarked pathological occurrences which complete the clinical pic-In several other disorders we have as great or even greater development of uric acid in the blood without the typical and classical tissue changes of podagra, and in gout the amount of uric acid is not the sole measure of the intensity of the gouty

manifestations. The nervous phenomena of gout must not be overlooked, and the fact that heredity plays such an important part in its production, and its well recognized diathetic character, give much support to the view of the essentially nervous character of the disease.

Sir William Roberts has, in a recent lecture, shown that in gouty subjects the uric acid exists in the blood in the form of the soluble quadrurates, while in gouty patients it exists in the less soluble form of bi-urates; the sodium bi-urate being particularly Where this sodium bi-urate is in process of deposition in the form of tophi in the parenchyma of organs like the kidneys, in the articular surfaces of joints, and around them, and in the pinnæ of the ears, it is conceivable that a remedy like piperazine, which exercises an extraordinary solvent effect upon the urates, might be useful for a rapid effect. But a rational treatment would be to shut off the supplies of soda and to diminish its total quantity in the blood. Acting upon this, Dr. Roberts has for years been in the habit of advising his gouty patients to restrict the use of salt with their meals, especially since table salt or sodium chloride in solution has the power to precipitate sodium bi-urate and increase the deposits in the joints. worth noting that butchers' meat contains considerable proportion of the chloride of sodium, while salt or pickled meat, or fish, is especially objectionable. Jonathan Hutchinson limits the amounts of fresh fruits to be eaten by gouty patients, and especially of acid fruits, which are usually eaten with sugar. vegetables contain a decided portion of sodium salts, notably While on the subject of diet I might say that white potatoes. recent authorities upon the treatment of irregular gout—and I refer especially to a recent lecture by Prof. DaCosta-limit the quantity of sugars and starches (carbohydrates) in the food, chiefly on account of the tendency to the occurrence of acetous fermentation in the stomach in gouty patients. The former interdiction of nitrogen-containing foods is now removed, at least, sufficiently to permit a varied dietary—one that is adapted to the digestive capacity and to keeping up the forces of the economy. An excess of albumen, however, is to be carefully avoided, so as not to throw too much work upon the kidneys.

# Clinical Reports.

A Case of Hæmato-Salpinx and Pelvic Hæmatocele—Laparotomy—Recovery. By C. H. Powell, A.M., M.D., St. Louis.

February 28th last I was summoned to Mrs. W., married, to attend her for a pelvic trouble of long standing. I found the patient reclining on a lounge suffering great pain in abdomen, with knees flexed, features pinched, much emaciated and anæmic, with a severe bearing-down sensation. She informed me that several physicians in Chicago, Columbus and St. Louis had treated her through similar attacks, but no two agreed as to the diagno-One physician, however, in Illinois warned her that she would sooner or later come to the operating table. Her tongue was lightly coated, pulse 90, temperature 98°. She was discharging blood from the uterus, which had persisted for two The vaginal examination revealed a large mass to the right of the uterus, and also to the left, which filled Dunglas's cul de sac and pushed the uterus downwards and forwards. right side, by careful manipulation with the bimanual method, I could easily distinguish the right tube, which felt very much the size of a lemon. The left tube appeared normal.

Diagnosis of hydro- (or hæmato-) salpinx made—more likely the I advised opening the abdomen, and called in consultation Dr. Jno. Bryson, who fully agreed with me that a laparotomy Patient sent at once to hospital; and on March 7th, was proper. assisted by Drs. Bryson, Pomeroy and Johnson, I opened the There at once gushed out a large quantity of black blood, accompanied by clots of small size. These were all freely removed, and the cavity irrigated with clean hot water, which brought out many more old clots. The right tube pesented itself very much distended; this I removed, with its ovary, which latter was very much atrophied. Left tube and ovary normal; so were not disturbed. I found no signs of pus. Closed wound in abdomen with cat-gut continuous suture to approximate peritoneal surfaces, and silver wire for abdominal wall. glass drainage tube, inserted gauze in same, and finished with the ordinary antiseptic dressings. Patient reacted well after the operation, with everything highly satisfactory. Pulse and temperature normal; no gastric distress. Very little discharge came through the drainage tube after the first dressing; the gauze being comparatively dry after the third day, when I redressed the

On the eighth day, all discharge having ceased, the tube was removed, and gauze packed loosely in the cavity. ninth day removed the silver wire, as union was perfect. tient continued doing well until the fourteenth day without any rise in temperature. About this time obstinate constipation developed, and vaginal examinations disclosed a large mass descending, which was painful on pressure. The mass could also be felt through the rectum. Simultaneously the patient commenced to have elevation of temperature, and a night sweat; no improvement under hot vaginal douches, quinine and laxatives On March 29, three weeks after the first operation (the abdominal wound being entirely closed), with the patient under chloroform, I aspirated the abscess through posterior vaginal wall; finding pus I enlarged the opening with a dull pointed bistoury, and introduced a good-sized drainage tube, a large quantity of pus evacuated itself. The abscess discharged freely for the next two days; after that progressively diminished until the seventh day, when there being no further discharge and the tube having passed from the patient I did not reintroduce it. few days later patient returned home. There still remained some thickening in the neighborhood of the left tube, and also in Douglas's cul de sac-the uterus being fixed. For this I applied tampons of pure glycerine, and gentle massage per vaginam, with medicated hot water douches; also gave the patient codliver oil, arsenic and tonics internally. A few such applications locally have sufficed to dissipate all induration, and render the uterus freely movable. Patient had menstruated for the first time since the operation; menstruation was painless, free, but not excessive, and lasted a fraction over three days. Nothing abnormal preceded, accompanied or followed the act, but the ordinary menstrual molimena. In two weeks patient has gained six pounds, her recovery being complete.

The removed tube measured six inches in circumference; was filled with layers of fibrin very much like is seen in an aneurism; the tube walls being so dilated in one or two places as to be translucent. Rupture at some stage of the diseased tube must have been imminent; were it pus she would never have lived to be the subject of this report.

In conclusion, I will acknowledge my feeling of gratefulness to Drs. Bryson, Pomeroy and Johnson, the gentlemen who assisted me during the operation.

## Correspondence.

#### CORRECTION.

Editors St. Louis Medical and Surgial Journal:

Dear Sirs—In looking over the manuscript of the article I sent you, I find some errors which I have corrected, and send you. Please rectify and greatly oblige, etc.

Calamine, Ark.

A. D. BARR.

[The correction is as follows, and refers to second paragraph on page 354 of June number of the Journal.]

To eliminate from the system one grain of acetanilid the evaporation of one-half of an ounce of water is required; which is equal to 40.205 heat units. In order to understand how much a given amount of acetanilid will reduce the temperature, it is necessary to know the number of heat units contained in the body, which, for a body weighing one hundred and fifty pounds, is 7,650, when the temperature is 100°F. To understand this more perfectly, take, for an example, a body weighing one hundred and fifty pounds, whose temperature is 105°F., to reduce his temperature to 98½°F., 731.25 heat units must be used up, or converted into latent heat; and as acetanilid has the power of rendering 40.205 heat units latent per grain, it will require 18.188 grains to render latent 731.25 heat units, or to reduce the temperature from 105°F. to 98½°F.

Dr. Frederick C. Woodburn, No. 399 College Ave., Indianapolis, Ind., has been appointed Secretary of the Mississippi Valley Medical Association, to succeed Dr. T. V. Fitzpatrick, of Cincinnati, O., who resigned because of the pressure from other duties; also Dr. G. J. Cook, of Indianapolis, Ind., has been apappointed Chairman of the Committee of Arrangements.

Messrs. Scott & Bowne, the well-known makers of Scott's Emulsion, have removed from their former location to the Scott & Bowne Building located in New Chambers, Pearl and Case Streets, New York. It is twelve stories high, and considered the best building of its kind in that city.

## Editorial Department.

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# The Earlier Editors of the St. Couis Medical and Surgical Iournal.

## VII.—J. R. ALLEN.

The Editors regret to say, that despite earnest efforts, they have been unable to obtain either a picture or a biographical sketch of this gentleman, whose name next appears on the editorial staff of the JOURNAL. We find it first on the number for May, 1855, in company with those of Drs. Linton, Moore, and Johnson. We would be most pleased to receive any data in regard to Dr. Allen that may be in possession of readers of the JOURNAL, and, if possible, a picture of him. The latter will be returned in good condition to the sender.

# Dermatology and Genito-Urinary Diseases.

Thiosinamine in Lupus.—The Lancet makes brief mention of Dr. H. von Hebra's experience in the employment of allyl-sulphocarbamide, or thiosinamine, as a remedy for lupus. It is administered subcutaneously, and produces a local but not a general reaction. Under its influence the cicatricial tissues are said to soften and become pliable, enlarged glands to become reduced, and corneal opacities to clear up.

Treatment of Lupus.—Dr. W. Kramer advocates excision of the skin (Ann. Surg.). He used this radical method ten times in the last two years, and in not a single case was recurrence observed, either at the place of its operation or in its neighborhood. The patients were suffering from lupus in the face or neck, ranging from the size of a twenty-five cent piece to that of the palm, the outlying portions being raised as well. In all the cases the diseased portion was circumcised, the knife passing one centimeter from its limits and deeply to or into the muscles, bone or cartilage, the lupus, together with the subcutaneous tissue, being completely extirpated, after careful arrest of hæmorrhage by compression or In four cases the wound was sutured; in three instances, where suturing, on account of excessive tension of the wound edges, was but partly practicable, secondary suturing was prac-Thiersch's method of skin-transplanting was employed, and in one case a plastic operation was performed. of healing was aseptic, and required from one to four weeks. The cosmetic result was very satisfactory. Kramer recommends the employment of extirpation as early as possible; but he claims that even in cases of advanced disease, lupus excision may be followed by relatively good cosmetic results. The method of transplantation, implantation, and plastic method now employed, have contributed largely to the success obtained in this class of cases at the present time.

Molluscum Contagiosum.—The Medical and Surgical Reporter, in refering to a recent issue of the Annals of Gynæcology and Pædiatry, says that Dr. Henry W. Stelwagon contributes a paper on "Molluscum Contagiosum; Impetigo Contagiosa; Ichthyosis," being the notes from ten years' service (4,131 cases), at the Philadelphia Dispensary for Skin Diseases. In regard

to mulluscum contagiosum he says: "Many of the cases, in fact almost all, tended, after a time, to spontaneous recovery. In many, a mild mercurial ointment, white precipitate ointment usually vigorously rubbed in, was used; lesions in which there was a tendency to pedunculation were either snipped off, or a ligature thrown around them; and in a few obstinate and large-sized lesions a puncture, followed by a light cauterization with the stick of silver nitrate, or with carbolic acid applied by means of a pointed stick, was made." In ichthyosis, "the treatment which gave the greatest alleviation consisted of daily or tri-weekly plain warm or alkaline baths, according to the severity of the case, with the supplemental use of salicylated ointment, two to five per cent. strength. In two or three of the more severe cases a small quantity of precipitated sulphur, ten to thirty grains to the ounce, was added to the ointment. The most satisfactory ointment base was that made up of equal parts of lanoline, vase-As to impetigo contagiosa, "although the dislin and lard." ease usually ran an acute course of one or two weeks, disappearing spontaneously, making it difficult to measure the effect of medication, yet it may be stated that treatment had a positive influence. That which gave satisfactory results was either an ointment of white precipitate, ten or twenty grains to the ounce, or a similar ointment containing five to ten grains each of the white and red precipitate to the ounce; it was well rubbed into the lesions, the crusts, if possible, having been first removed with washings of warm water and soap. In cases markedly itchy, and in which, therefore, excoriations were produced, and the disease kept up by autoinoculation, in addition to the above application to the lesions themselves, a lotion of boric acid, with one-half to one and-a-half drachms of carbolic acid to the pint, was applied to the parts generally.

Early Diagnosis of Small-Pox.—Nowadays we are all—that is, those of us who are not in the service of a board of health or on quarantine duty—"out of practice," as regards small-pox (N. Y. Med. Jour.). Now that persistent vaccination has almost suppressed the disease, it so rarely comes under the physician's observation that when it does turn up it takes him off his guard, so that, as Dr. Thomas D. Savill puts it, in an article published in the Lancet, he is very apt to accept the patient's diagnosis of

"heat bumps." In that article Dr. Savill gives some excellent hints calculated to enable the practitioner to escape such a pit-fall. In the first place one should never take it for granted that small-pox is out of the question, because the disease is not "about;" a casual source of infection may come to light at any time and in any place, only after it has served as the starting point for what may prove to be a devastating epidemic.

The initial fever is sudden in its advent, and on the first day of the illness the temperature runs up to 102°F., or more. brusque advent of pyrexia, the author says, is met with in only two other acute specific diseases that are common in such a climate as that of England — namely, scarlet fever and erysipelas. Of the symptoms that accompany the initial fever, severe pain in the back and nausea or vomiting are prominent. Both are usually more pronounced than in either scarlet fever or erysipelas, and the failure of the cutaneous lesions characteristic of one or the other of these diseases to appear within from thirty to forty hours will exclude them. The rash that in exceptional cases precedes the true eruption of small-pox may, however, be scarlatiniform; but in only about one-fifth of the cases investigated by the author has it appeared earlier than on the third day. As to the true exanthem, it is chiefly to be distinguished from that of measles. In both measles and small-pox the eruption appears on the fourth day, and in both it is papular, but in measles the papular character is less pronounced and rapidly grows fainter, while in small-pox the "shotty" feel goes on increasing up to the time of vesiculation; at the end of twelve hours the efflorescence of measles begins to fade, moreover, but the small-pox papules get harder and This "shotty" feel is so characteristic that by passing harder. the hand over the forehead and cheeks, one might almost diagnosticate measles in the dark. In spite of all this, doubtful cases will now and then occur, and in all such cases the patient should be secluded. O-D.

# Excerpts from Russian and Polish Literature.

Salol in Asiatic Cholera.—Dr. Ivan I. Piatnitzky, of St. Petersburg, recommends (St. Petersburg Inaugural Dissertation, series of 1892–1893, No. 8, p. 97) the treatment of cholera by internal administration of salol, in five grain doses (for an adult) repeated hourly as long as required by the necessities of the case given. The drug is said to rapidly mitigate all choleraic symptoms, or even to cut short the disease. According to the author's experience, when employed in the suggested manner, salol proves to be "entirely harmless (Sovershenno Bezvreden)." [Cft. Volkvitch's paper on the same subject in the Saint Louis Medical and Surgical Journal, March 1893, p. 166, and Volausky's, ibid. June, p. 367.—Reporter.]

On "Choleroid Bacilli."—In the Polish periodical Medycyna, March 13, 1893, p. 229, Professor O. Brujwid (pronounced Bujvid), and Dr. Ed. A. Orlowski (pronounced Orlovskee), of Warsaw, describe two new species of micro-organisms which very closely resemble the comma-bacillus of Asiatic cholera. Brujwid has discovered his species—a "bacillus choleroides A," in the river Visla (Vistula), while Dr. Orlowski has found his "bacillus choleroides B," in a draw-well in the town Lublin. Under the microscope the bacilli A and B do not differ morphologically one from the other, and either of them from Koch's comma bacillus, in any particular, except the presence of "short and almost straight rods, combined usually in pairs," which bodies represent juvenescent forms of the choleroid bacillus A. When examined in a hanging drop the A and B bacteria show lively progressive pendule-like movements, the latter being performed by means of cilia which seem to be somewhat longer than those of Koch's cholera vibrio. Pure cultures of the choleroid microbes do not give the indol reaction; neither do they possess any pathogenic properties, the inoculation-experiments on lower animals being invariably followed by negative results. cultivated on plates with jelly the A-bacillus grows and liquefies the medium slightly and slowly, and the B-bacillus slightly more quickly than the cholera microbe. At first individual colonies of the choleroid bacteria most closely resemble those of the commabacillus; later on, however, they may be differentiated from the latter, for, while Koch's vibrio tends to form funnel-like colonies the

choleroid bacilli liquefy gelatine more superficially, and hence their colonies assume a saucer-like shape. In both they grow considerably more quickly than the cholera vibrio, a superficial film being found as late as the end of a second or even a third week. Their agar-agar cultures do not differ in any particular from those of the comma-bacillus.

Chlorinated Lime in Pruritus Ani.—Dr. Albert K. Berger, of Krementchüg (Zemsky Vratch, No. 13, 1893, p. 213), has recently communicated to the Obshchestovo Krementchügskikh Vratchei (Krementchüg Medical Society) that he devised a rational method of treatment of pruritus ani, which invariably gave brilliant results in his hands, being at the same time exceedly simple and cheap. It consists of inserting into the anus about one inch deep a piece of cotton wool soaked in liquor calcariæ chloratæ, Ph. Ross. (liquor calcis chloratæ, B. P.). should be left in situ until the appearance of a slight smarting sensation, after which the wool should be removed and the anal region washed out with the same solution. The parts should be Pruritus vanishes immediately. On its reappearance, the procedure must be repeated. "Tumefied tissues rapidly assume normal appearance, while any concomitant eczematous rash of the perineum or scrotum is cured by a few applications."

[While being very far from entertaining any,doubts with regard to the claimed antipruritic properties of chlorinated lime, the reporter respectfully fails to understand why Dr. Berger describes his method as a "rational" one. Pruritus ani does not constitute any clinical entity or an individual disease, but represents a mere symptom, and in addition—which is pretty important one of such symptoms which are apt to accompany a multitude of heterogeneous diseases. If so—and it is really so and not otherwise—the chlorinated lime treatment of pruritus ani cannot possibly be either termed a "rational" one, or expected to "cure" all unhappy patients suffering from the agonizing and refractory Cft. Professor Ohmann-Dumesnil's very suggestive paper on the subject in The Saint Louis Medical and Surgical Journal, July, 1891, p. 9, et seq.—Reporter.]

Detection of the Cholera Microbe in Water.—As is well-known, the detection of the cholera vibrio in water (of rivers, wells, etc.) usually proves extremely difficult, and that even when

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there is raging a severe epidemic of cholera in the locality given. According to Professor Poniklo, of Orocon, Austrian Poland, (Przeglad Lekarski, No. 8, 1893, p. 193), the negative results are largely due to the fact that as a rule only some few drops of the water are taken out and subjected to the bacterioscopic examination. To minimize chances of the bacteria escaping from the observation, the author recommends the following method: from one to three litres of water should be taken at a time and poured into a number of sterilized cucurbits. Their contents should then be mixed with ten per cent. of nutrient bouillon, and the vessels left to stand at 37°C. for twenty-four hours. end of that time a thin superficial film is formed in each cucurbit. About three drops of the stratum should be taken out from each vessel, and a plate with gelatine inoculated with them in the ordinary way in each instance. As some experiments of his have shown, the method may give positive results even in such cases where the average numerical strength of the cholera germs present in the water given does not surpass one to eight litres.

Hepatic Massage in Catarrhal Jaundice.—In the Vratch, No. 19, 1893, p. 562, Dr. I. Kh. Wechsler, of Berislavl, warmly recommends the treatment of ordinary catarrhal icterus by massage of the liver performed after the following simple method: The operator places his or her patient on the hepatic region and proceeds to rhythmically compress the liver during expirations (in the same manner as in the case of so-called "thorax gymnastics") for 10 minutes. The séances should be repeated thrice daily. The procedure may be easily practiced by the patient himself or herself in a sitting posture. In four sucessive cases a rapid cure was obtained by the writer from the massage alone, no medicaments whatever being employed during the treatment.

Assimilation of Food Fats in Old People.—Following Professor I. T. Tchudnovsky's suggestion, Dr. Victor I. Menshoff, of St. Petersburg (St. Petersburg Inaugural Dissertation, Series 1892–1893, No. 34, p. 72), has carried out a very instructive experimental inquiry concerning the assimilation of food fats in old age. Seven healthy men, aged from 70 to 88, were selected for the experiments, which lasted in each instance for 15 consecutive days, being subdivided into three equally

long periods. During the first stage the subject was daily ingesting 100 grammes of butcher's meat, 600 of white bread, 30 butter, 60 sugar, 3 salt, 500 cubic centimetres of milk, and 1500 tea. During the second period he was given 120 grammes of butter a day, while otherwise the diet remained identical with that of the preceding stage. During the terminal period the subject's daily allowance consisted of 400 grammes of white bread, 400 of potatoes, 120 butter, 60 sugar, 3 salt, 500 cubic centimetres of milk, and 1500 of tea. The essential points of the research may be summarized somewhat as follows:

- 1. During the first period the assimilation of fats averaged 94.93 per cent.; during the second, 97.49; and during the last, 96.20.
- 2. The subject's bodily weight in four cases rose during the experiment, the surplus varying between 950 and 4050 grammes, and averaging 2362.5. In the remaining three old men it decreased—the loss oscillating between 425 and 2475 grammes, and averaging 1137.
- 3. According to extensive and careful research of Russian authors (Professors Tchernoff and Mogilansky, Bazaroff, Protopopoff, Reformatsky, etc.), in healthy persons of flourishing age (of from 18 to 35 years) the assimilation of fats averages 95.80 per cent. We see, therefore, that in the old the assimilation of fats is by no means inferior to that in the young. On the contrary, in the former it seems to be even better than in the latter, and that notwithstanding the circumstance that functions of the whole digestive apparatus are weakened in consequence of the senile process.
- 4. The interesting phenomenon is due to decrease in the motor power of the bowels—i. e., to a retarded peristals which results from atrophy of the intestinal muscular coat, and leads to a more prolonged sojourn of ingested food in the digestive tracts. It is obvious that such conditions must promote the absorption of food fats from the bowels into the systemic circulation.

[Some additional details of the work—as well as an abstract of Dr. Güryeff's paper concerning the nitrogenous assimilation and metabolism in the old—may be found in the *Provincial Medical Journal*, June, 1893, p. 322.—*Reporter*].

Berne, Switzerland.

VALERIUS IDELSON.

# Medical Progress.

### THERAPEUTICS.

## Chronic Bronchitis and Emphysema .--

R	Ammonii carbonatis	gr. iv.
•	Tincturæ scillæ	mxx.
	Spiritus ætheris	mx.
	Tincturæ nucis vomicæ	
	Infusi serpentariæ ad	
3.5	Olar - Maria Arbitana	

M. Sig.: Two tablespoonfuls every six hours.

Kumysgen.—Regarding this valuable nutritive preparation, Dr. John V. Shoemaker says (*Medical Bulletin*): "Kumysgen possesses a number of advantages which will, as a rule, cause it to be preferred to the bottled liquid as formerly sent out. It is a powder, and is therefore readily transported; the beverage can be made from the powder in a minute or two by the addition of water and shaking for a minute; the casein of the powder is in a finer and, consequently, more digestible state. As a corollary from the last statement, the liquid made from the powder is generally preferred by the invalid.

"Kumysgen exercises a stimulating influence upon the peptic glands and the appetite improves under its use. It promotes the action of the kidneys, and in the colder season of the year has a diuretic effect. In summer it favors diaphoresis. Kumysgen has a tonic action upon the muscular system in general, and the heart in particular. The pulse becomes stronger and more frequent, and the respiratory acts are deepened as the result of taking kumysgen. It increases the proportion of fibrin and hæmoglobin in the blood, and causes a gain in flesh and weight.

"From its combination of nutrient and stimulant properties, kumysgen is a very valuable addition to our dietetic and therapeutical resources. It is grateful to the stomach and allays vomiting; it is easily digested and absorbed; it is a reconstituent in conditions of prostration, whether due to loss of blood, to exhausting discharges, to chronic pathological processes of infections, or to febrile conditions. This succinct statement opens to view a wide field of utility."

"Cerebrine" in the Treatment of Locomotor Ataxia.— Dr. Græme M. Hammond presented before the New York Neurological Society (N. Y. Med. Jour.) a case of locomotor ataxia which he had been treating with hypodermic injections of cere-Six years ago the patient, a man aged forty, had begun to suffer with double vision. This, after several months of treat ment, had disappeared and for a time he had been quite well. Then the typical symptoms of locomotor ataxia came on. was complete loss of the knee-jerks; he had sharp pains in his egs; the ataxic gait was well marked; there was inability to stand with the eyes closed, even when the legs were some distance apart; he had difficulty in evacuating his bladder and bowels; his sexual power was lost, and he had a sense of constriction around the waist. There were no eye symptoms. Treatment was begun about ten weeks ago, and nied syphilis. consisted of a daily hypodermic injection of cerebrine, five minims, combined with five minims of water. Dr. Hammond said he presented the case with some diffidence, on account of the method of treatment employed; no one had had less faith in these animal extracts than himself. The improvement in this case, however, had been very marked. The man's sexual functions had been perfectly restored, he had complete control over his bladder and bowels, the sharp pains had disappeared, his general health had improved, he was able to run up and down stairs, and could stand fairly steady with his eyes closed. The knee-ierks. however, had not returned. No other treatment had been em-The improvement had been gradual and steady, and had begun about a week after the first injection. The cerebrine employed was that prepared by Dr. William A. Hammond.

The Anatomy of the Round Ligament.—In a paper read by Dr. James E. Kelly, he gave a lucid description of the anatomy of the round ligament, with special reference to Alexander's operation, and clearly demonstrated the anatomy of the parts by drawing, dissection, and model. The round ligament really was not round. It would be more appropriate to speak of it, in connection with its coverings, as the cord. It arose from the anterior surface of the uterus and passed outwardly in the direction of the internal abdominal ring, which it entered, there being attached to it peritoneum; after entering the abdominal walls, it passed downward, inward, and forward, and, diminishing in size, finally became indistinguishable from the surrounding tissues at a

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varying distance above the pubis, sometimes passing down to the The author dwelt upon the fact that the inguinal portion of the abdominal walls was divided into three strata, the middle stratum consisting of three layers, attached to the ilium, Poupart's ligament, and the pubic bone. They were the external oblique, the internal oblique, and transversalis, which united and formed the conjoined tendon as the cord finally made its exit through them, and the transversalis fascia. The cord received attachments from these parts from which it must be freed before traction upon it would draw the uterus up. The genito-crural nerve accompanied the cord a part of its distance. In Alexander's operation, after exposing the cord near the pubic spine, it should be freed from its fibrous coverings, and then traction should be made upon it as nearly as possible in the direction which it took from the uterus toward the internal ring, upward, outward, and forward. Dr. Kelly briefly passed over the steps of the Alexander operation, which he divided into four: 1, Opening of the canal; 2, finding the cord; 3, freeing the ligament and drawing the uterus forward; 4, fixing the ligament and closing the wound.

Finding the cord was one of the easiest procedures in surgery, as it was accomplished with certainty by raising the structures lying at the floor of the canal with a hook or the finger nails. The third step, or freeing the ligament from its attachment and drawing it forward, was really the essential step of the operation, and it should be remembered that the other substances going to form the cord must be divided or torn before the ligament could be pulled forward, lifting the uterus. He had never failed to find the ligaments, but at times they were brittle, breaking easily.

#### DISEASES OF WOMEN AND CHILDREN.

Congenital Dilatation of the Urethra.—At the recent meeting of the American Gynæcological Society, Dr. W. H. Baker, of Boston, read a paper on "Congenital Dilatation of the Urethra," in which he detailed several cases (Med. News). He pointed out the importance of a correct diagnosis. The size of the urethra is usually sufficient to admit the forefinger. In addition there is commonly mal-development of the vagina, which is usually shorter than normal. In one case there had been for ten years partial incontinence of urine. The sphincter was under control

while the patient was seated, but not when walking. an absence of any burning sensation. The meatus urinarius was abnormally distended, and the mucous membrane of the urethra protruded through it. The mucous membrane of urethra and vagina was extremely thin. It was impossible to tell where the urethra began and the bladder left off. There was no sphincter. An attempt was made to reduce the meatus to a more natural size and to lengthen the urethra. The woman was much better for a time, and it seemed as though a second operation would not be necessary. She still lost a few drops of urine when standing, and faradism was applied one and a half inches from the meatus twice a week for one month, with the hope of strengthening and toning the urethra; but there was but little improvement from this. Finally an operation was performed for narrowing the urethra; since then the woman has had perfect control over her urine.

The Quantity of Lochia after Labor.—Dr. Arthur E. Giles has endeavored to solve this problem. The method employed was to weigh the absorbent pads before and after application, and to estimate the amount of discharge, débris, and clots coming away with the douches. The conclusions derived from observations on sixty cases are as follows:—1. The average normal 2. The duration of the disquantity of lochia is about 10½ oz. charge is on the average nine or ten days. 3. The degree of parity does not influence the quantity. 4. Non-suckling does not increase the discharge. 5. The quantity is generally greater in younger women up to the age of twenty-five. 6. The weight of the child has a slight, and that of the placenta a well-marked, influence, the quantity increasing the weight of the placenta. The quantity increases with the amount of hæmorrhage at the time of labor. 8. The lochia are more abundant in the case of those who habitually menstruate profusely. 9. The quantity is generally greater in the case of women of darker complexion. The difference between Gassner's results, viz., 52½ oz., and the author's, viz.,  $10\frac{1}{2}$  oz., was attributed mainly to the use of antiseptics, partly to the effect of astringent douching. The author believed that the three discharges—during menstruation, during labor, and during the puerperium-vary simultaneously, the quantity depending on predisposing conditions, of which the amount of pigmentation is generally an index, and that all three discharges are habitually greater in darker women.

#### SURGERY.

Ectopic Triplet Pregnancy; Successful Operation.— Sänger (Centrlb. f. Gynük., No. 7, 1893) recently read notes before the Leipzig Obstetrical Society of a case in which an operation was successfully performed. The patient was 32 years of age, and had suffered severely from peritonitis after labor four years previously. Menstruation had ceased for seven weeks, and for about a month signs of tubal abortion had been observed with increasing anæmia. Abdominal section was performed. small multilocular cyst of the left ovary was found and removed. The right tube was greatly dilated and full of clot; its ostium was patulous and opened into a hæmatocele as large as a child's head, The right cornu of the uterus was much enlarged, as though the seat of a myoma as big as an apple. The right appendages were Then the swelling of the right cornu was laid open and an interstitial twin pregnancy discovered. The muscular tissue lining the cavity (covered with chorionic villi) was cut away; neither the canal of the tube nor the uterine cavity was thereby exposed. The wound was closed by suture and the uterus was made fast to the parietes internally. Douglas' pouch was treated by Mikulicz's tampon drainage. The patient recov-There were two amniotic cavities in the interstitial sac. A cavity was found in the fimbriated extremity of the right tube, full of clot, and chorionic cells lined the tubal mucosa close to Sänger stated that he had found the amnion of the tubal ovum inside the clot, which had filled the right tube.

Suture of Severed Finger Tips.—Dr. Finney showed the following case at a meeting of the Johns Hopkins Medical Society on November 7th (Johns Hopkins Hosp. Bull.): Nearly three years before the patient had had the ends of the ring and middle fingers of his left hand cut cleanly off by the knife of a machine used for cutting blocks of tin. The middle finger was severed through the last phalanx, just beyond the last joint; the ring finger was cut off just at the root of the nail. The patient came to the hospital seven hours after the accident, bringing the finger ends with him wrapped up in a piece of newspaper. Though the prospect of saving them did not seem hopeful, they were placed in a basin of warm water with no antiseptic whatever. The fingers were soaked for some time in a 1 in 2,000 hot bichloride so-

lution. The edges of the severed finger ends and of the wounded fingers having been freshened, the ends were carefully replaced and fixed in each case with four sutures through the skin, one on the dorsal and palmar surfaces on each side. Narrow strips of crépe lisse were next applied and kept in place with flexible col-The two fingers were bound together, placed on a palmar splint, and covered with a large antiseptic dressing. a fortnight firm union had taken place. The man was then lost sight of, but came under treatment for another accident nearly three years afterwards. It was then seen that motion and sensation were perfect in the injured fingers; there was only the slightest deformity in the ring finger to indicate the point of union, and it was difficult to detect even the slightest scar in the middle The author says he avoided using any antiseptic solution in this case because bichloride of mercury and carbolic acid solutions make a thin layer of coagulation necrosis which might have prevented union.

## Book Reviews.

The Treatment of Constitutional Syphilis. By OSWALD ZIEMSSEN, M. D., 12 mo. pp. 70. [London: H. K. Lewis, 136 Gower Street, W. C. 1893. Price, 3s. 6d.

This is a small book written for general practitioners by one who is thoroughly conversant with his subject, although he disclaims all pretentions to being a specialist. In fact, his aim and purpose is to render clear the necessity of understanding that the various clinical modifications as considered in syphilis should be treated by the one physician instead of relegating each group of lesions to a specialist. Thus, he states that it is not necessary to send syphilis of the throat to the laryngologist, syphilis of the eve to the oculist, etc. We are much inclined to this opinion; but the author will readily agree with us when we state that much better success will be obtained in the hands of one who has seen and treated many cases than from him who has had but few opportunities. The various modes of treatment are reviewed in a very lucid manner, the criticisms on each being rational and to the point. We are sure that this little book is worthy of a careful perusal and will amply repay its reader in the number of practical hints which he will find in it.

Brain Surgery. By M. Allen Starr, M. D., Ph. D. 8vo. pp. 308. With fifty-nine Illustrations. [New York: William Wood & Co. 1893. Price, \$3.00.

The subject of brain surgery is a direct outcome of our knowledge of cerebral localizations and is a product of the science and skill of the last few years. One of the prominent workers in this field has been the author of the book before us, and his labors in this respect have been of no ordinary kind or importance. the treatise which he has written, he has condensed a large experience in connection with a profound knowledge of the subject. The surgery of the brain is fast passing the experimental stage and becoming almost as certain as abdominal surgery, whose brilliant successes form one of the brilliant constellations of the modern surgical galaxy. The major portion of the book is devoted to the subject of trephining for epilepsy. Dr. Starr is inclined to advise in favor of the operation in every case, although but a comparatively small per cent. are cured. Still he argues that trephining is the only available method by which possible causes of the disease may be demonstrated, and as the operation is comparatively safe, it is but right to perform it.

The entire work is one we would recommend to those engaged in operative surgery as well as to neurologists, as worthy of find-

ing a place in their libraries.

## Literary Notes.

Books Received.—The following books were received during the past month and will be reviewed in the JOURNAL:

Brain Surgery, by M. Allen Starr, M. D., Ph. D. 8vo. pp. 308. With fifty-nine Illustrations. [New York: William Wood & Co. 1893. Price, \$3.00.

The Treatment of Constitutional Syphilis, by Oswald Ziemssen, M. D. 12mo. pp. 70. [London: H. K. Lewis, 136 Gower Street, W. C. 1893. Price, 3s. 6d.

Impotence and Sexual Weakness in the Male and Female, by Edward Martin, A. M., M. D. 12mo. pp. 102. Physician's Leisure Library. [Detroit: Geo. S. Davis. 1893. Price, 25 cents.

Traitement Chirurgical des Affections Inflammatoires et néo plastiques de l' Utérus et de ses Annexes, par E. Doyen. 8vo. pp. 128. Avec quarante-sept Figures dans le Texte dont vingtsix en couleurs. [Paris: Bureaux des Archives Provinciales de Chirurgie. 1893.

Electro-Therapeutics of Neurasthenia, by W. F. Robinson, M. D. 12mo. pp. 72. Physician's Leisure Library. [Detroit: Geo. S. Davis. 1893. Price, 25 cents.

Revue Statistique des Maladies de la Gorge, du Larynx, du Nez et des Oreilles, par le Dr. R. Beausoleil. 8vo. pp. 34. [Paris: O. Doin. 1893.

## Melange.

Eleventh International Medical Congress.—The North German Lloyd, 2 Bowling Green, N. Y., offers a reduction of 25 per cent. to the medical men going to and coming from the Eleventh International Medical Congress, on Steamer Werra, which is to sail from New York on August 5th and September 9th, and on Steamer Fulda, on August 19th. Both these steamers sail to Genoa. The same reduction will be made for the return trips in October and November, on the same steamers, and for the Company's Saturday (off Bremen, Sunday off Southampton,) steamers.

The Hamburg-American Packet Co., 37 Broadway, N. Y., 125 La Salle Street, Chicago, offers a reduction of 25 per cent., both out and return, for all its steamers during the year 1893.

The Compagnie Générale Transatlantique, 3 Bowling Green, N. Y., offers the rates which are allowed French officers, that is \$63.50 for an \$80 accommodation and \$91.50 for a \$120 accommodation.

Five other lines decline to make any satisfactory arrangements.

American Electro-Therapeutic Association.—At a meeting of the Executive Council of the American Electro-Therapeutic Association, held at the office of the Secretary, March 2d, 1893, the following resolution was adopted:

Resolved, That the Secretary be instructed to prepare a circular to send to fellows of the Association, to members of the medical profession, to electrical experts and to manufacturers of electrical appliances for medical work, containing titles of all the committees, the members serving on them, with their addresses, and the matter prepared for discussion and investigation by each committee.

And that manufacturers be asked to communicate with the members of the different committees, if they desire to have their instruments examined and tested, stating their claims and merits.

And that physicians, electrical experts and manufacturers be asked to co-operate in making suggestions and in relating their experience and preference for instruments, with reasons and data.

And to mail this circular to all members of the Association, manufacturers, medical journals and to others who are known to use electricity extensively, asking for a speedy reply either to the

secretary or to the members of the respective committee whom it concerns.

A New Danish Pharmacopæia has just been issued. It represents the first real revision of the *Pharmacopæia* of that country since 1850, as the edition issued in 1868 was little better than a reprint.

To Prevent the Exhibition of Freaks.—There is a bill before the Legislature of Pennsylvania to forbid the exhibition of monstrosities at the dime museums.

Association of Military Surgeons of National Guard of U. S.—We have received the preliminary announcement informing us that this association will meet at Chicago, August 8th, 9th The Wabash Railroad affords unusual comforts and 10th next. and facilities at greatly reduced rates, of which advantage may be taken by such physicians as are not members of the Associa-This is an unparalleled opportunity of visiting the World's Fair, and each one should avail himself of it. The trains which leave St. Louis daily are: one at 7:20 A. M., arriving in Chicago at 6 P. M.; the Banner Columbian which leaves St. Louis at 9 A. M. and arrives at Chicago at 5:10 P. M. This is a solid train equipped with library, dining and parlor cars, thus giving all the comforts attainable to modern travelling to its patrons. night train which leaves St. Louis at 8:30 P. M. arrives in Chicago This train is provided with buffet and at 7:20 in the morning. has sleepers of the most modern construction, ensuring a good night's rest as well as all the comforts which can be obtained. We unhesitatingly recommend all our readers to patronize this line, whether it be to attend the Military Surgeons' Association or the World's Fair.

## Local Medical Matters.

Dr. Geo. Homan has been appointed Health Commissioner of St. Louis—a choice which seems to have met with the unanimous approval of the St. Louis medical profession. He has inaugurated his accession to office in a manner which shows that he intends to make the Health Department both efficient and industrious. He demands the faithful performance of duties from his subordinates; and he intends doing everything possible to make his department a real and substantial benefit to the city. Some radical reforms are contemplated; and it is with more than ordinary interest that we will follow the movements of the new incumbent in the responsible position of Health Commissioner to the City of St. Louis.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 632.

VOLUME LXV.—AUGUST, 1893.—No. 2.

# Original Communications.

Anæsthesia.\* Being a Collection of Written Opinions from Prominent Physicians and Surgeons. By John W. Trader, M. D., Sedalia, Mo.

SEDALIA, Mo., Dec. 23, 1892.

Editors St. Louis Medical and Surgical Journal:

Eighteen years ago I was assigned to read a paper on Anæsthesia before our State Medical Society, and, in order to present a paper not only acceptable to my medical brethren but one that covered the field, I sought the opinions of the leading minds of our own and foreign countries.

To get this information I sent out a circular letter to various prominent men in the profession who very kindly furnished me their views. Owing to the length of the paper it was thought best, at the time, not to give these opinions in detail, but merely summarize their contents for our Society, and at some future time a more detailed account would be published.

<sup>\*</sup>Dr. Trader requested the Editors of The Journal to edit the letters given above, but it was thought it would be more interesting to give them verbatim, as showing what the feeling was concerning this interesting subject eighteen years ago. These letters were originally obtained to form the basis of a paper to be read before the Missouri State Medical Association, and being too valuable to be lost to the medical profession, it has been deemed best to present them through the medium of a medical publication, without comment. [Editors St. Louis Medical and Surgical Journal.

I fully intended, from year to year, to spread these letters before my professional brethren, but the "cares of this life," and to some extent the too careless indifference of the author, has deprived the Medical Society of the State of these valuable contributions.

I consider these letters doubly valuable, because in the first place the writers of them occupied the positions of teachers and formulators of scientific thought in the day and age of their active life; and in the second, but not the least, place because many of them have passed away—have gone down to the grave, "where no voice is heard," and I am satisfied that many with me will recognize the fact that, although being dead they yet speak.

Without further preface or apology I submit these letters.

Yours truly,

JNO. W. TRADER.

NEW YORK, July 5, 1874.

I do not use chloroform at all now. Have had two deaths from it. Use ether altogether. Encouraged its use during the war. Never knew of any deaths from it. Know of no circumstances forbidding use of ether, except certain forms of heart disease. It is used almost exclusively in this city.

Melian a. Hanna

Waco, Texas, Oct. 23, 1874.

I have repeatedly tried ether, ether and chloroform, alcohol, ether and chloroform, but more frequently of late years the best chloroform pure—never use any but Squibb's, and believe it safer, surer to give satisfaction and requires less time than anything yet recommended.

Furthermore, in twenty years experience have never had a death or bad accident attributable to the chloroform; and now that we have the assurance that position will correct any bad effect, I feel perfectly safe in its use.

H.W. Brom

Boston, July 6, 1874.

I gave up practice many years ago and am unable to express an authoritative opinion on the comparative methods of the different anæsthetics.

MHome.

Buffalo, N. Y., Oct. 3, 1874.

I use both chloroform and ether. Regard ether safest. Had one patient die from chloroform. Post mortem showed extensive fatty degeneration of heart, liver and spleen. Tuberculosis does not counterindicate anæsthesia; valvular heart disease may do so. Fatty heart seems, from the case referred to, as forbidding anæsthesia.

J.F. Mmu

Prof. Special Surgery University Buffalo.

Sas. T. Whittake

CINCINNATI, Sept. 28, 1874.

Ether, except in parturition, when chloroform is safe. Chief contraindication: organic disease of heart and brain..

ELGIN, Ill., Nov. 4, 1874.

Have had quite an extensive experience, both in the army and private practice in the use of chloroform and ether. I consider ether the safest for bungling or careless use, but with care my experience is that chloroform is safe, and I prefer it for its prompt and certain action and because not so liable to leave nausea and bad feeling after exhibition.

With the other anæsthetics I have no personal knowledge, unless you include the chloral hydrate, which one patient of mine has taken for a year, averaging fifteen to twenty grains nightly and without observing bad effects—nothing else seeming to replace it in procuring rest. Have never used the chloral in parturition but very much admire chloroform in painful cases, and have never seen the least bad effect follow its use.

Q.S. Clark Hord Elin

#### BOSTON

For safety: 1. Sulphuric ether; 2. Nitrous oxide; 3. Chloroform and Bichlor. methylene.

For efficiency: 1. Ether and chloroform, equal parts; 2. Bichlor. methylene; 3. Nitrous oxide.

Pathological conditions forbidding the use of ether—very serious embarrassment of lungs and heart; of chloroform, feeble or fatty heart, or serious lung trouble,

Any anæsthetic to be used with caution in an atheromatous condition of the arteries.

A. m. Cheever -

Hot Springs, Va., July 7, 1874.

My personal experience is well nigh limited, in the matter of anæsthesia and anæsthetics, to the use of chloroform. In about half a dozen cases only have I used Squibb's ether. Further, I have never had any serious trouble with chloroform which, during the war, was administered in the Charlotteville General Hospital, under my charge, an immense number of times, but in view of the reported fatal cases I never now administer it without some trepidation. I am strongly inclined to think that it ought to be superseded by sulphuric ether.

I sometimes use carbolic acid for local anæsthesia, but consider it inferior to freezing by means of rhigolene spray,

J.d. Cabell
Of University of Va.

HANOVER, N. H., July 4, 1874.

I believe that chloroform is in some cases, which cannot be known beforehand, an unsafe agent; that sulphuric ether is safe if properly used.

I know nothing personally of the other general anæsthetics.

These agents should not be used in cases when respiration is, from any cause, to any extent impeded.

Dartmouth Medical College.

NASHVILLE, Tenn., July 15, 1874.

I use Squibb's sulphuric ether because of its safety compared to chloroform. I have kept no record of cases. Had one death from chloroform during the war—article not good. Have witnessed another fatal case from chloroform proved by tests to be good—but patient had inflammation of brain.

Pathological conditions forbidding these agents are inflammation of brain, of lungs, or inflammation of most any vital organ, epilepsy, eclampsia, fever, etc., or any great disturbance of the general system.

I greatly prefer ether. It is used here now almost exclusively as the anæsthetic.

Theely Due

New York, July 16, 1874.

Willand Parke

I regard ether as our safest anæsthetic. Chloroform I seldom if ever use. Ether I regard as no more dangerous than alcohol used to the extent that would produce loss of sensibility—probably not so dangerous.

NASHVILLE, Tenn., Oct, 23, 1874.

The only experience I have had with anæsthetics has been with chloroform and ether—the former I have ceased to use entirely and use the latter constantly. Have never seen any serious effects following the use of ether. I used the nitrite of amyl once; cannot say much about it.

New York, July 21, 1874.

Van P. Lindsley

Permit me to refer you, in answer to your questions, to the edition of my military surgery, published in 1865, where you will find a complete consideration of the relative value of the different anæsthetics.

Frank Hittamielon

BUFFALO, N. Y., July 3, 1874.

I have used chloroform many hundred times; had one death. Post mortem showed fatty degeneration of heart, liver and kidney. I still use chloroform, but regard ether a little safer; and if anæsthesia is to be continued, I prefer ether after patient is partly under the influence of chloroform. In cases where vomiting is very objectionable, ovariotomy and cataract, I always give chloroform. Other anæsthetics I have not used enough to give opinion of their comparative merits.

Salins F. Momer

NEW YORK, Aug. 3, 1874.

My experience in anæsthesia has been chiefly in obstetrical practice. The agent I have invariably used is chloroform. I believe it quite harmless, when given simply to mitigate the pains of the second stage of labor; and when administered with care. I would, however, like to lift up my voice in earnest protest against the common opinion, that chloroform can do no harm in midwifery practice, and therefore its administration during labor requires no especial watching. Those who are the most ardent advocates of its use, I have always found, are the most careful in its administration.

Chloroform given after the birth of the child, I regard as an extremely dangerous agent.

W. J. wate,

St. Louis, July 12, 1874.

The opinion I entertain of the relative safety of chloroform and sulphuric ether has not been determined alone by my individual experience. I have used both frequently—chloroform much more frequently than ether—perhaps twenty-five to one. I had one death from chloroform and none from ether. When properly administered, ether requires about twice the time that chloroform does.

I have lately preferred ether, except in cases of a peculiarly sensitive stomach and in operations where vomiting would be peculiarly objectionable.

I know no reason why anæsthetics destroy life, except by suspending the reflex sensibility of the ganglia, on which the more immediate vital functions depend, as respiration and circulation in the ganglionic origin of the pneumogastic nerve. I know no means of determining in any case whether this ganglion is liable to have its function suspended before general sensibility is lost. I believe that in every case, when patients take an anæsthetic, they are in danger of death, and that no human being can determine that he has pushed the remedy far enough and yet not to be beyond the bounds of safety. I prefer to have my patients flinch when the knife is applied. I once took chloroform to have a tooth extracted and felt only the dragging sensation, no pain, yet was perfectly conscious of all that was being done; my patients frequently tell me they have known all and yet did not I have many times taken chloroform to relieve pain, and with success, without completely suspending consciousness.

I believe it is safest to allow the patient to control the anæsthetic. When they express pain, give it; when they do not complain, suspend the remedy. From the very frequent use of anæsthetics, I have learned nothing that makes me feel secure in administering them.

Ja & Holgan

CLEVELAND, OHIO, Oct. 2nd, 1874.

I have for some years ceased to use chloroform as an anæsthetic, in consequence of seeing and knowing of dangerous results from its use. I use ether solely, both in obstetrics as well as in general doing.

I have neither seen nor heard of evil results from its use in this locality. I have found it efficient and have not the least desire to resort to any other anæsthetic that I now know of.

I have used it not only without regret, but with apparent advantage in some of the pathological conditions generally supposed to forbid anæsthesia. I regard it as safe in prudent hands, whenever anæsthesia is required.

A.K. Cushing

HYDE PARK, VA., July 8th, 1874.

I have for years made use of ether only, finding its operation satisfactory. I have never seen any injurious effects from it, though I have used it largely in the course of operations upon the trachea. The only comfort that I have been able to give in many cases of hypertrophy of the heart, valvular disease, etc., has been by its use.

I have seen the nitrous oxide used, but its effect is so short lived that I have never used it myself. Chloroform I have been fearful of, from the time of its first reported fatal results, and have not used it since. The other anæsthetics I know nothing of.

I should say that in obstetric practice, ether during convulsions seems to me to have saved many lives, both of mother and children. My impression is that when ether is used post-partum, hæmorrhage is much more frequent and much less easily controlled.

uns. EBuckinflown.

COLUMBUS, OHIO, July 4th, 1874.

There is no longer doubt of the immense superiority of ether over all other anæsthetics, with respect to safety. It is just as efficient as chloroform, its only rival. The only point is the The quantity which I ordinarily use in any mode of giving. common operation does not exceed three ounces. With the bichloride of methylene I have no experience. I know of no special indication contraindicating the use of ether, and rarely can you, 'till the blow has fallen, tell that any single case will not tolerate chloroform. The true course under such circumstances is to give the anæsthetic which experience has shown to be safe and, at the same time, efficient.

I have been alarmed in cases of chloroform anæsthesia; they have all recovered under measures calculated to arouse the nervous centers. I never have seen a single unfavorable or alarming symptom from ether.

D.M. Mineman

Boston, Mass., Aug. 1st, 1874.

My views upon ether and chloroform were published in the first or second volume *Transactions American Medical Association*. I have little to add to that paper, published more than twenty-five years ago.

J. C. J.

PHILADELPHIA, Oct. 26th, 1874.

When we have two agents capable of producing anæsthesia, one which has frequently been followed by death, and the other scarcely ever, we are morally bound to choose the safer. I use the very best ether and occasionally, when the stage of excitement is prolonged, employ a little chloroform to shorten its duration. I believe that ether is absolutely safe—chloroform, not.

Except where there is much cerebral congestion, or very great embarrassment to the circulation from advanced valvular disease of the heart, I have no hesitancy in administering ether.

I can only conceive of one mode of death possible to ether, and that is asphyxia; while chloroform proves fatal, it seems to me, by so depressing the power of the heart as to induce cerebral anæmia and consequently fatal syncope.

Mayer Agnew

LONDON, Nov. 10th, 1874.

The administration of anæsthetics in London is almost entirely in the hands of practitioners who give themselves especially to the work.

I have very rarely, and never willingly, administered any, and have made no accurate observation on their effects.

James laget

Снісаво, 1884.

\* \* It is evident from authentic records that the ratio of mortality in *surgical* anæsthesia by chloroform is eight and-a-half times greater than by ether. \* \* \* Finally, if we summarize all authentic records, it seems that the various anæsthetics have the following rate of mortality:

Chloroform	one deat	h ir	2,723	administrations.
Mixed chloroform and ether.	"	"	5,588	"
Bichloride of mithylene	"	"	7,000	"
Sulphuric ether	"	"	23,204	"
Nitrous oxide	no death	in	75,000	4.6

These statistics are composed entirely of *surgical* cases. In obstetrics chloroform seems to be very safe, the parturient condition keeping the nervous system toned up, probably so as to be above the reach of danger.

Eslurious Austrew, M.D.

Prof. of Surg. Chicago Medical College.

Syracuse, N. Y., Oct. 7th, 1874.

When administering chloroform (the chief of anæsthetics) to a strange patient, an involuntary fear takes possession of me during the first moments of its inhalation; and I am filled with awe at its mysterious, wonderful and immediate effects; while at the same time I use it in preference to all others; for with it I am certain of speedily anæsthetising my patient without excitement, and by constant and careful watching of the respiration, pulse, etc., by a competent assistant, and personally when possible, I feel my patient is not only safe, but both patient and anæsthetic are completely under my control.

In any case requiring my individual attention, could I not secure a perfectly competent assistant—one who understood the powerful nature of the drug in use—the proper manner of administering it and watching the patient, I should use ether instead.

In obstetrical practice, seeking only to partially stultify my patient, and avoiding complete anæsthesia, I administer an anæsthetic (invariably Squibb's chloroform) during the last few pains, in at least three-fourths of all the cases I attend, and usually en-

joy the satisfaction of seeing my patient have a nap between pains, while the labor steadily progresses. terminating in the usual time; whereas, if the accoucheur incurs the unnecessary risk of more complete anæsthesia, the labor is indefinitely protracted, and the nurse and friends become anxious.

It is my opinion that pure chloroform properly administered is far less dangerous than is generally supposed. I am inclined to ascribe the majority of fatal results of the inhalation of the drug to one of three causes: either a want of intelligent carefulness in administration, an impure article, or an improper selection of cases, in which selection I am inclined to be skeptical. While believing the use of anæsthetics should be avoided in cases of organic disease of the heart or lungs, I still believe they may be used in such cases without fear, providing extra care is exercised.

AD Fellow ha

WACO, TEXAS, July 13th, 1874.

I have used chloroform as an anæsthetic almost exclusively since I commenced the practice of medicine in 1856. I have given it to the aged and the young, to the male and female patient, and have yet to see the first case of injury therefrom. I have uniformly observed the greatest care in its administration, though I cannot think that my success in using it has been due altogether to that fact.

When I left medical college I was inclined to use sulphuric ether in preference to chloroform, having imbibed from Drs. Mütter and Pancoast their peculiar notions as to its safety. But I had not practiced medicine long before I saw that chloroform was comparatively as safe as any other powerful agent of the materia medica. When I entered the army as surgeon of the 5th Alabama regiment, my opportunity for observing the effects of chloroform was greatly increased. As I was furnished solely with chloroform for anæsthetic purposes, I was necessarily compelled to use that agent alone. From the first battle of Manassas to the close of the war, I was a constant witness of its effects, and I must say that during all that time, both in field and hospital, practice I never saw the least evidence of its bad effects.

In giving chloroform I have always been careful to observe the pulse and respiration closely, and to see that the patient gets a portion of air with each respiration while inhaling the anæsthetic. When giving chloroform I always desist when there appears any failure of the pulse or stertorous breathing; as soon as they become normal I then continue the use of the agent. I would also observe that I have been careful to place the patient in a recumbent position, and have a free circulation of fresh air in the apartment. I have never used inhalers and therefore cannot speak in regard to their efficiency—I usually pour the chloroform upon a napkin or sponge and apply it to the mouth and nostrils, directing the patient to breathe hard. This has been my plan, and I have yet to see the first case of injury or bad effects from its use.

I have also used chloroform pretty extensively in obstetrical practice, and can bear equally good testimony in its favor in that line.

M.M. Partz

LONDON, ENGLAND, Nov. 10, 1874.

I have had very little experience of any anæsthetic except nitrous oxide, chloroform and ether. Nitrous oxide given alone, is, I think, only applicable for short operations, for which purpose it leaves nothing to be desired, being far superior to any other agent both for safety and efficiency.

I am fully persuaded that ether is safer than chloroform; that anæsthesia can be produced as rapidly and as completely with it as with chloroform, and that its after effects are not more trouble-some than they are after chloroform; still the commencement of the inhalation of ether is far more unpleasant than of chloroform, and as the latter is so much more convenient, being required in a much smaller quantity, I have more frequently used it than I have ether, believing, too, that in careful hands the danger with it is not very great.

I know no pathological condition absolutely forbidding the use of an anæsthetic. I have given chloroform and ether successfully in all forms of heart disease. I have always believed, and

have acted on the belief, that if a patient is fit for an operation he is fit to take an anæsthetic for it. The cases to whom I think it most dangerous are those with fatty and dilated hearts, who have been much addicted to intemperance, and for those I would prefer the safer anæsthetic, ether, even to nitrous oxide.

Walter Rigdens

PROGNOSTIC APHORISMS. (From the French of Dr. Gabriel Reignier. Translated by Chas. EVERETT WARREN, M. D., Boston, Mass.)

[CONTINUED.]

#### TYPHUS.

- 136. When the eruption aborts or retrocedes the patient is in great danger.
- 137. In typhus (as in all infectious febrile states) elevation of temperature to 104° F., and its permanence with insignificant morning remissions is fraught with danger.
- 138. Extreme prostration accompanied with deep stupor with delirium and coma supervening at an early stage, general trembling united with carphologia and twitching of the tendons are symptomatic of grave results.
  - 139. Advnamic and ataxic forms leave little to be hoped for.
- 140. When there is a marked alteration of the countenance, and extensive ecchymoses and vibices appear conjoined with blindness and deafness and gangrenous spots in the skin, the patient is lost without recourse.
  - 141. Hiccough and continued diarrhœa are of bad augury.
- 142. The fulminant type is fatal in ninety-nine cases out of a hundred.
- 143. Intestinal hæmorrhage, the appearance of gangrene, intercurrent dysenteric symptoms, erysipelas and buccal aphthæ, are symptoms presaging a fatal issue as a rule.

#### YELLOW FEVER.

144. Mucous or interstitial hemorrhage, extension of the yellow tinge over a large extent of the body, and extreme agitation alternating with deep depression, ought to arouse the gravest doubt.

- 145. Icterus, suppression of urine and black vomit usually form a fatal trio.
- 146. If in the secondary period these preceding symptoms occur and there is conjoined delirium, convulsive movements of the limbs, tegumentary hæmorrhage and hiccough, expect death without any doubt.
- 147. Violent rachialgia, unequal and sighing respiration, and repeated hæmorrhage of almost pure blood, are grave omens.

#### ANTHRAX.

- 148. The prognosis depends in general upon the greater or less intensity of the constitutional phenomena, the greater or less amount of ataxic adynamia and upon the number of buboes and pustules.
- 149. Natives to the country bear the fever better than acclimated ones.
- 150. The absence of buboes, the fear of death, vomiting and uncontrollable diarrhea are frequently fatal signs.
- 151. If the buboes break out suddenly, if they do not suppurate, and if they are located near Poupart's ligament, in the iliac region or upon the neck, the prognosis is fearful.
- 152. If the pustules occur on the head, the neck and spine, accompanied with delirium, convulsive movements, suppression of urine or a secretion of turbid and bloody urine, the body being cyanotic or spotted with black petechiæ, then death is certain.

#### CHOLERA.

- 153. In this scourge adults pay a heavy tribute to Death.
- 154. Of ten nursing infants attacked by this disease ten succumb.
  - 155. The greatest fatality is during the algid state.
- 156. In this period, if the pulse becomes imperceptible, the stools involuntary, if there is deep coma with absolute immobility, if there is complete anæsthesia of the skin, then death is near at hand.
  - 157. Bloody stools with a fætid odor, are of sinister portent.
- 158. If cholera is complicated with accidents, which are neither asphyxic nor typhoidal, but partake of both states, recovery is doubtful.
  - 159. In the period of reaction, if the pulse continues small

and frequent, if the sleep is broken, if there is a suppression of urine, and drowsiness, if the skin is dry and the tongue coated, if the tongue and extremities are cold, the patient is pledged to Death.

- 160. The cerebral typhoidal complications are often fatal.
- 161. Pregnancy greatly aggravates the case, and the fœtus seldom survives and is usually aborted.
- 162. Rapid cardiac paresis (cyanosis) is an omen of great danger.

#### DIABETES.

- 163. Phlegmon, erysipelas, anthrax or gangrene conjoined with diabetes render the prognosis doubtful.
  - 164. Diabetes added to consumption is a fatal combination.
- 165. Albuminuria, increasing glycosuria, troubles of vision, progressive emaciation and low temperature are absolutely bad signs.
- 166. If complications exist, such as disease of the liver, scurvy, hydropsy, passive hæmorrhage, acute or calculous inflammation of the kidney, expect immediate death.
  - 167. We mention phthisis only to point to its fatality.

#### INSANITY.

- 168. Every individual with an hereditary taint attacked at an advanced age is in a less favorable state for cure.
- 169. When insanity originates from prolonged grief or religious fanaticism the chances for recovery are less than in other forms.
  - 170. The victim of hallucinations is rarely cured.
- 171. When insanity is accompanied with paralysis it is beyond recourse.
  - 172. Insanity accompanied with epilepsy is never curable.
  - 173. Dementia is the most unfavorable of all.
  - 174. Monomania is more rebellious than mania.
- 175. If insanity endures two years without cure, consider it as incurable.
  - 176. Paralytic dementia is the despair of the physician.
- 177. If the patient loses the activity of the senses in part, remains insensible to climatic variations, and is unmoved by changes of temperature, be assured that the case is incurable.
- 178. A scorbutic patient becoming insane will remain so the rest of life.

179. When the insane patient increases in weight, and the assimilative functions are well performed and regulated, if sleep is reparative, but there is no diminution of delirium, if the reason is gone, recovery is doubtful.

#### SATYRIASIS OR NYMPHOMANIA.

180. This affection is a serious one, as it often precedes cerebral lesions.

#### INFANTILE ECLAMPSIA.

- 181. Eclamptic convulsions due to faulty nutrition, to the ingestion and indigestion of poor milk or other errors of regimen, yield to treatment with difficulty.
- 182. If the attack of eclamsia is general, if it is accompanied with sterterous breathing, if the respiration is hurried as well as the pulse, if the face becomes violet in hue, the end is doubtful.
- 183. Secondary convulsions almost invariably announce an immediate end.
- 184. Internal convulsions are often more serious than convulsions confined to the limbs.
- 185. Inaction of the diaphragm cannot exceed a minute without immediate danger.

Burning a Doctor's Effigy.—It is not often that medical men incur the popular wrath; and in a case reported from the Lymm district the indignation seems to have been more general than particular. Some cottages in Booth's Hill, a district of Lymm, were used as a temporary hospital during a late outbreak of small-pox (Med. Press). Two cases of that disease cropped up at Lynn last week, and it was not unnaturally concluded that they would be taken to the same cottages in Booth's Hill. tations of the inhabitants waited on the board to protest against the importation of small-pox into a crowded district free from in-At night crowds paraded the streets, dummy figures were taken to the door of the small-pox hospital, and effigies of a doctor and a small-pox patient were solemnly burnt. this effervescence it is interesting to learn that a few hours later the local authorities placed the cases in the hospital without opposition.

SPECIFIC MEDICATION. By C. A. F. LINDORME, Ph. D., M. D., Atlanta, Ga.

What is specific medication?

It is crude empiricism. It is claimed to be more than that; claimed by those who practice it. But there is as much negative evidence against this claim as there is positive proof in favor of our contradictory opinion. Negative evidence against the claim that specific medication is more than crude empiricism, is, in the fact, that all self-doctoring among the public, the dispensing of medicine over the counter, and similar non-professional medication, is specific medication, a medication in which all physiological, pathological, therapeutical and pharmacological ratiocination is kept within the scope of a narrow, willfuly-restricted circle, coarse scrutiny, and altogether insufficiently investigating diagnosis.

Specific medication is the medication of the scientifically uned-ucated; it is the medication of the saloon, the nostrum shop and the livery stable. Among the lives of this class et id genus omne are found the prototypes of specific doctoring, and among the doctors those come nearest to them who, in their reasoning of theory and practice, keep mostly within the bounds of the four-legged confrères, as an acquaintance of mine used to style the brethren veterinarians, who, in case of blind staggers, as I saw it done, dip a stick with cotton wool wrapped around into turpentine, and go to work with that high up in the nostrils to "cleanse the brain" of the quadruped.

"Stop that cough!" we read in large advertisement at the nostrum shops; and, "cough medicine" is an item of the popular materia medica, which is more popular than quinine; even this cardinal arcanum of the medical truants who eschew scientific research by simulating the research of science. In the very atrium of pathology the medical student learns that there are a good many different kinds of cough; and an experienced mother, without being a trained nurse, learns that the mucous lining of the stomach if disordered may cause as well the retching or effort of expectoration called cough, as a lung affection or an irritation of the air passages.

Cough certainly is a symptom which may mean very different things; similarly, headache is a symptom which hardly ever fails to obtain in any disease, while this sometimes is most fatal; indeed, when headache is failing to obtain, and the preliminary treating of which, as done in the saloons, the nostrum shops, and by the specific medicasters, is an empiricism as unscientific as abominable, throwing a light upon the nineteenth century which does not correspond with its pretentious claim of enlightened superiority.

Specific medication being crude empiricism, is as old as the history of medicine. But a revival took place last century through the agency of a doctrinarism which with wonderful skill was puffed into enormous dimensions, and like a rocket, for a length of time dazzled the looks of men, until its expiring sparks at the very moment when its radiancy promised most light, left the world in a greater darkness than there was before.

Specific medication as a crude empirioism was there before Sigmund Hahnemann, sure enough. But the latter made out of it a system. Specific medication was mere cant; it did not stand upon ceremony; it was conscious of its proletarian birth and was unassuming. But Sigmund Hahnemann, composed a melody which made a hymn of the cant and established the empiricism of specific medication as a new religion.

And quinine was the corpus delicti of the Hahnemannian prestidigitation. Because quinine, given in an overdose to a healthy person produced the distressing symptons of malarial fever, Hahnemann jumped at the conclusion that the pith of all medication was in this sort of trick-track biology, a backgammon generalization, according to which, because some remedies turn a physiological one, all pathological conditions must, by certain remedies, be definitely reducible to their pristine physiological Hahnemann thought, and his followers taught, he had made an enormous discovery, establishing for all times to come the sheet anchor of diagnostic thought, the fundamental dialectics of nosology, and the directive principle of therapeutics. But, in reality, he had donned empiricism only with the trumpery of a gaudy antithesis, attractive to those of a limited learning, and delusive to all who like a handy formula which saves them the trouble of extensive investigation, circumstantial evidence, and circuitous diagnosis. And the disciples, as usually. went further than the master. While the latter had tried to keep up at least a certain decorum, and saved appearances by the

theory of an artificial disease by the drug action being set up, which drove out the natural one, the epigons in cynical carnalization cut down their ambition to what they called "direct medication," a euphonium which served the turn of an *epitheton ornans* of the empiricism, beyond which their low strung souls were unable to soar.

Direct medication means limitation of all diagnosis to a direct upshot of disease, to an aphoristic nosology in which pathology of the coarsest kind only plays a part; thereby homœopathy and congeners, their very life history, run out in a reductio ad absurdum, while it had been Sigmund Hahnemann in whose name homœopathy had raised the claim to have placed pathology on a physiological basis, it was the men of his color who by their direct, their merely symptomatological medication eliminated, as it were, physiology from nosology, leaving this a mere upshot of perfunctory pathology.

Sigmund Hahnemann, by his physiological provings, claimed to have placed clinical observation on an exact scientific footing.

The homeopathy of our days clamors by clinical verification for a warrant against the vagaries of the physiological provings of drug action upon the healthy. Homeopathy is in a similar fix as the spiritists are. As these are hard up for media to command their slate-scribbling spirits, so the homeopathists are poorly accommodated with the right kind of subjects fit to furnish material for their physiological materia medica.

Lucus a non lucendo. While homeopathy and its direct medication congeners were infatuated with their infallible theory of physiological provings, pathology, it was they least who promoted the science of physiology, the greatest discoveries here being due to chemists like Liebig, botanists like Sdileiden\*, and pharmacists like Pettenkofer and Helmholtz.

Drawing the sum total of the scientific proportions, we have to state that there is nothing more unscholarly, nothing less abreast of the times, nothing less progressive than specific medication. If there is a sweeping tendency in medicine at all, it is the endeavor to establish general biological principles under which would fall all special physiological and pathological views. But specific medication is hostile to such a tendency; in its empiric restriction it does not admit of any scientific principles at

<sup>\*</sup>The discoverer of the vegetable cell, originally a lawyer.

all, let alone foment one of so vast dimensions as that which truly scientific medicine aims at.

In former times surgery and inner medication were separate studies, and by the latter the former was looked down upon as an avocation of a decidedly inferior character. Albert von Haller, the celebrated Swiss physiologist\*, was professor of surgery at the University of Bern, but never did himself an operation. If our time may, in its many regards, perhaps, ambiguous character, boast of a good feature of the same, it is its democracy of intelligence, its conviction that it is only by this that there is any hope of ever establishing an intelligent democracy; and the most prominent exhibition of this feature is in the general respect of work-good, honest work, and the ennobling of the same by him who does it. Analogously all general preference is repudiated. Hydro-therapeutics, kineso-therapeutics, even mesmerism, or hypnotism, cum grano salis bid welcome, and all genuine performances approved which may be wholesome and can be proved beneficent by practice or theoretical demonstration.

But what is the position which specific or direct medication occupies opposite this broad-chested generosity. If it were by its disposition friendly inclined towards it subjectively, it would lack the means objectively to indulge in such generosity of senti-The very idea of specific medication is hostile to it; the littleness to which the medical practitioner by the method is petrified; the restriction to drugging into which, by his system, he is stagnated, makes it for him impossible to follow suit; he must lag behind; his "school" dooms him as an empiric, and all his evolution is in the cycle of predestined retrogression. Hygiene he cannot cultivate. His specific or direct medication gives him no points. Dietetics, even without leaving his self-inspired precincts, he cannot give a thought, and balneology or electricity are fields which from his therapeutics are excluded forever. medicaster is like sleepy hollow—slept itself out of proportion to He has dreamt of physiology while others have studied it, and on awakening he will find that he left things there where Hahnemann put them, and that he is now necessarily as much behind time as his prophet, viz., a century.

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<sup>\*1708-1777.</sup> 

## Clinical Reports.

NERVOUS PHENOMENA EXHIBITED CONSEQUENT TO DENTAL OP-ERATIONS. By J. OSBOURNE JURY, D. D. S., St. Louis.

It is a well established fact that dental troubles are attended very frequently by nervous derangements, exostoses and osseous formations within the pulp of a tooth, being the direct cause of a number of neuralgias. Marshall Hall reports cases of amaurosis which were cured by the removal of carious teeth. Numerous writers have reported cases in which epilepsy, chorea or catalepsy was the result of caries of the teeth.

The first case developing nervous disorder consequent to a dental operation in my practice, occurred three years ago.

Ada H., æt. 14 years, came to me to have an upper (central) She had been to a dentist about two weeks prior to her visit to my office. He had inserted an elastic rubber wedge in order to separate the teeth, and instructed her to return She fell ill and was unable to fill her engagement. A day or so later she developed chorea. The family physician treated her, giving arsenic. As soon as she was able, she went back to her dentist to have the tooth filled. He being out of the city she was brought to me. I removed the separator, filled the tooth, and as she was fatigued her mother asked me to polish the filling some other time. She was brought to the office a few days later, and her mother told me that the doctor had cured her daughter entirely. I polished the filling and put in a separator in order to fill a lateral incisor, and instructed the mother to bring her back the following day. She came back two days later and her chorea was as bad as ever. I filled the tooth, removed the wedge, and the chorea subsided.

Carl F., æt. 7 years, was brought to me to have some irregularities of the front teeth corrected. A few days after I put on the regulator his father came with him and said he wanted to take the boy in the country for a week or ten days. I tightened the band a little more than usual and let him go. He was brought back in a week by his mother who said the boy had convulsions (two and three attacks a day) for the past five days, and that until then he had none since the eruption of his first teeth. I removed the regulator and the trouble ceased. On applying

it a few weeks later, with very moderate pressure, the convulsions recurred. I removed the regulator and have done nothing to straighten the teeth since. I see the boy occasionally, and he is quite well and has not had an attack since.

Mrs. M., æt. 28 years, had an upper left bicuspid crowned. A few weeks later she complained of neuralgia on that side of her The tooth did not ache, and tapping it with an excavator elicited no pain whatever. Salol, acetanilid and sulfonal gave her no relief. Later, she had difficulty in swallowing, the muscles controlling deglutition being paralyzed, and this was accompanied later by aphonia. This led me to suspect hysteria, but there was no anæsthesia of glottis nor any of the other prominent symptoms of hysteria. The patient had not suffered with hysteria before that time, and was not a woman of a nervous tem-The reflexes were normal and the woman had a perfectly healthy appearance, although somewhat alarmed at her I removed the crown and the root, and in three days condition. the patient had entirely recovered.

Mrs. B., æt. 30 years, came to have a badly broken lower left molar extracted. I extracted the tooth, and she returned in a few days complaining of a severe hemorrhage which had started during the previous night. I tamponed the pocket from which the roots had been removed with cotton saturated in tannic acid and glycerine. The bleeding continued at intervals for a week; then ceased for a month; then started again, bleeding at intervals of four or five hours for a week. These periods are at the time of her menstruation and cease at the time her menses stop. had never been subject to vicarious menstruation until this time. All attempts to form a cicatrix over the wound have failed. have tried tannic acid, campho-phenique, nitrate of silver, etc., but have failed. There is no pus or discharge whatever from the opening, and it looks very healthy.

The patient becoming weary of this ineffective treatment, stopped coming, and has now come to look on this oral menstruation as a matter of course.

Mr. Ernest Hart, editor of the *British Medical Journal*, and Prof. Dr. Czerny, of Heidelberg, will be among the distinguished guests of the Pan-American Medical Congress. The latter will join the Pan-American Excursion to Rome by the "Werra."

## Editorial Department.

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All communications should be addressed to Box 626, St. Louis. Office of Publication, 620 Olive Street, St. Louis.

# The Earlier Editors of the St. Couis Medical and Surgical Iournal.

The Editors of the JOURNAL have been unable to learn anything of Dr. Allen, whom we mentioned last month, notwithstanding every effort has been made to secure information; no one of those who must have been his colleagues of those days remember anything of him. He seems to have made no impression on his time, and to have dropped out of view and remembrance completely.

The next name that we find as a coadjutor of Dr. Linton is that of Dr. Frank W. White, a picture of whom and a sketch of his life have been promised us, in time for publication in our next. In the meantime, any information concerning either Dr. Allen or Dr. White will be thankfully received by the Editors of this journal.

## Microscopy.

#### BACTERIOLOGICAL NOTES.

A New Culture Medium.—J. Marchal, in the Bulletin de la Société Belge de Microscopie, states that he has made use of a culture medium consisting of egg albumen in very dilute aqueous solution, to which has been added a 0.001 solution of ferrous sulphate. The latter is added to prevent coagulation of the albumen in the process of sterilization. The latter is effected by raising the temperature of the solution, in an autoclave, to 115° C. The rule adopted by the author in regard to the addition of the ferrous sulphate solution (1:1000) is to add one cubic centimeter thereof for each per cent. of concentration of the albuminous solution; thus, for a one per cent. solution add one cubic centimeter of the iron; for a five per cent. solution add five cem.; for a twenty per cent. add twenty cem., and so on.

Experimental Studies on Milk.—A. Gorini (Giornale di Medicina di Roma) has found that among the bacteria which coagulate milk there are some which form in culture media a substance capable itself of coagulating milk without acidifying the same. The bacillus prodigiosus is such an organism, and in studying its action in this direction the author finds that the period necessary for coagulation varies within wide limits, according to the age and the quantity of the culture employed, the quantity of the milk, and especially according to the temperature at which the latter is maintained. The coagulating material used by Gorini was derived from liquid culture media, but he suggests that solid ulture media of bacillus prodigiosus would yield the same results. As to the nature of the coagulating material, the author states that he attributes its perplexities to certain numerous bacterian enzymes.

Action of Light on Certain Pathogenic Bacteria.—P. Gibert, in the *Gaceta Sanitaria de Barcelona*, recapitulates the memoires that have been published of late years on the question of the influence of light on pathogenic bacteria by Ducleaux, Downes, Blunt, Tyndal, Nocard, Strauss, Arloing, Roux and Monont, some of which are diametrically opposed to the others,

and concludes that light in general, and particularly direct solar light, possesses an indubitably destructive influence on pathogenic bacteria. Further, he concludes that this destructive action is due to the decomposition of protoplasm and the toxines produced by the chemical effects of light; and finally, that this action may, with due care as to time, etc., be utilized in the elaboration of vacciniferous materials effective against such pathogenic microbes.

Contribution to the Law of Adaptation of Micro-Organisms to Antiseptic Media.—A. Montefusco, of Naples, in Lo Sperimentale, has demonstrated experimentally that micro-organisms possess the property of adapting themselves to the most varied media, even the least favorable, and that such organisms in the process of such adaptation will undergo modifications not only of shape, but of functions as well. Researches made by the author with the organisms of anthrax, pig-measles, the pneumococcus of Friedlænder, etc., have led him to the conclusion that microorganisms have the property of adapting themselves to antiseptic media, and acquire a degree of resistance against the latter. Such resistance is, however, never acquired by organisms that are extremely sensitive to the effects of such media; such, for instance, as the microbe of chicken cholera. Further, the author states that pathogenetic organisms which have the property of adapting themselves to antiseptic media, behave variously as regards the preservation of their pathogenetic functions. them preserve the latter under all circumstances so long as their life lasts, while others lose them with the modifications undergone in adaptation. For these latter, culture in a medium containing an antiseptic, therefore, becomes a true attenuation.

Simplification of the Bacteriological Diagnosis of Diphtheria.—Sakharoff, in the Annales de l'Institut Pasteur, says: The best medium in which to seek for the diphtheritic bacillus is undoubtedly coagulated serum; but this medium has the inconvenience of being difficult of preparation. He therefore recommends the following: Carefully remove the shell of a freshly-cooked hard-boiled egg, taking pains not to touch the albumen with the fingers. Take off a portion of the white with a knife sterilized by heat, cut it into oblong pieces, and place the latter into sterilized tubes, into which to secure sufficient humidity you have poured a few drops of sterilized distilled water. On the

bits of white of egg place bits of the false membrane in parallel striæ. After about twenty-four hours, if diphtheria be present, you will find the bacilli in colonies on the inoculated material, having the characteristic arrangement of chains, chaplets, halters, etc.

#### AMERICAN MICROSCOPICAL SOCIETY.

This Association meets at Madison, Wis., August 15th to 18th, having abandoned some time since the intention of meeting at Chicago. The usual reduction in railroad fares will be made, the so-called convention rate having been conceded by all lines running into or connecting with Madison.

The people of Madison have declared in the most hospitable way that they will make the visiting members feel at home. The hotels, which are large and comfortable, have made very reasonable rates, and everything will be done for the comfort and enjoyment of the visitors. The American Association for the Advancement of Science also meets in Madison one week later than the Microscopical Society, so that members of both associations will be able to attend both meetings without extra expense.

Membership in the American Microscopical Society can be obtained by anyone interested in the study of microscopy. The initiation fee of \$3, and the first year's dues \$2, or, \$5 in all, must accompany the application, which latter should bear the recommendation of two members of the society. It should be addressed (until August 13) to Dr. Henry Seaman, secretary, Washington, D. C.

Physicians form a very large proportion of the membership of the associations, and all of the profession who are interested in microscopical work (and who, at this day and date is not?) are missing a great deal by failing to make application for membership. The annual proceedings alone are worth many times the amount paid in dues, while every day's session at the annual meetings is a liberal education in some branch of microscopical technology.

Only the mornings will be devoted to reading papers and discussions. Every afternoon is devoted to practical illustrations of the technology of various branches of microscopical preparation, etc. Men especially skilled in each branch are selected as

demonstrators, and thus every day has its practical working session.

In conclusion, we may add that Madison is a delightful place in summer. It is beautifully situated between two lovely bodies of water which afford excellent fishing, boating, bathing, etc. The people are hospitable and proud of their city, and will give all who go an excellent opportunity of seeing and enjoying all that the town affords.

F. L. J.

## Dermatology and Benito-Urinary Diseases.

Excessive Sweating of the Hands.—The following has been going the rounds:

R	Boracis,	
	Acid Salicylicāā	gr. xxxij.
	Acid boric	
	Glycerin.	
	Alcoholis	₹ij.
3.5	0, 4, 1, 4, 1, 4, 4, 1,	<b>.</b>

M. Sig. Apply to hands three times a day.

I have found a very efficacious application to be a one per cent. solution of chromic acid applied twice daily.

Surgeon's Plaster in Chilblains.—Dr. Goemer (Medicinische Neuigkeiten) finds surgeon's plaster to be a simple and reliable remedy in chilblains, says an exchange. It is especially serviceable when the feet are attacked; it is easily applied to the big toe and heel. A salicylated plaster is of greater value, as it helps any decorticated spots to heal. The plaster is applied and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of its soiling easily. It may be used on the hands of cooks and those who work in water.

Menthol for Pruriginous Conditions.—Colombini (Giorn Ital. d. Mal. delle Pelle, etc.) has obtained excellent results from the employment of preparations of menthol (from 5 to 10 per cent. in alcohol, from 1 to 6 per cent. in oil, from 2 to 6 per cent. in powder) in the treatment of pruritus from whatever cause, but especially in those cases in which the scratching of the skin was responsible for the cutaneous affection, and partic-

ularly in cases of urticaria, in some forms of eczema, and in the pruritus of scabies. Preparations applied to excoriated surfaces or to mucous membranes should not be to concentrated, else they will cause burning; nor should too extensive surfaces be treated at once, as the sensation of cold produced may become disagreeable. In cases in which the itching is but a symptom (Med. News) the primary disease will require special treatment. In such cases menthol can only bring about amelioration, and the pruritus will not entirely disappear until the causative disease has been cured.

Syphilitic Stricture of Rectum.—Dr. Thos. Wm. Nunn writes as follows to the *Medical Press*:

A young gentleman in a comparatively early stage of secondary syphilis married, contrary to my most earnest pleading that he should not do so. In due course the wife became infected, and suffered from secondary symptoms of the ordinary kind, but superadded to these was acute catarrh of the rectum. In a clinical lecture on stricture of the rectum I delivered at the Middlesex Hospital some years since, I stated that chance had put in my way what I believed to be the missing link in the chain of causation of syphilitic stricture of the rectum.

I have seen the lady, the patient, from time to time since, and she is now suffering from deep fistula in ano.

In the majority of cases of stricture of the rectum the surgeon sees the patient for the first time only when the stricture has established itself, and when the patient may have forgotten the circumstances of the rectal catarrh, and even if she were cross-examined on that point (which would, I think, be very likely) she would probably have regarded the rectal catarrh as some ordinary irritability of the bowel, and would have retained no recollection of it. Having now watched some cases of non-malignant stricture of the rectum for years, I have found that, like syphilitic stricture of the urethra, the severity of the current trouble greatly varies.

The Cause of Death in Burns.—Hock, in the Wiener klinische Wochenschrift, describes a series of experiments in 32 cases of extensive burns during life, of which number one-half finally died. A gradual increase in the density of the blood always occurred, the highest point being reached in about eight

hours after the injury, and in cases which recovered returning to normal in about two days. The author concludes (Boston Med. and Surg. Jour.) that this is due to the inability of the blood to retain its plasma, such a condition not accompanying any other As to the primary cause, he attributes the change to the alteration which has taken place in the red blood cells, and thinks a connection exists between these two changes as produced by overheating of the blood to 40° to 58° C. The blood thus damaged has also been shown to possess toxic properties apart from the resorption of poisonous material which takes place on the surface of the wound. These factors tend to explain the symptoms analogous to anæmia without any loss of hæmoglobin being There is also danger in the formation of emboli, perceptible. thrombi, and parenchymatous degenerations. As to treatment, the author believes that subcutaneous injections of salt are use-Intravenous injections show very good though temporary results. The proposal to remove the exudations surgically is treated lightly, as being impracticable or unnecessary.

Treatment of Gonorrhæa.—Jonathan Hutchinson (Kansas City Medical Index) gives the following treatment of gonorrhæa. His prescription is a partnership of three different remedies, and it is important that they should all be used.

First, an injection of a solution of chloride of zinc (2 grains to the ounce); next, sandal-wood-oil capsules; and, lastly, a purgative night dose, with bromide of potassium. The injection is used three or four times a day, the capsules (10 to 20 minims) taken three times a day. The ingredients of the night dose are three drachms of epsom salts and a half-drachm of bromide of potassium. It is the action of the last named in preventing congestion of the parts which makes the abortive measures safe.

Moderate purgation and entire abstinence from stimulants are essential. If the case is very acute, and attended by swelling of the corpus spongiosum, tartar emetic or tincture of aconite is well prescribed, but it is very seldom that these are necessary. If the patient is well purged, there is no risk whatever in an abortive treatment from the day he comes under treatment. The risk of orchitis, prostatitis, cystitis, etc., comes in cases which have been allowed to develop rather than those treated abortively. Hutchinson states that he would as soon think of delaying to use local measures in gonorrhea as he should in purulent ophthalmia.

1.

Alumnol in Gonorrhea.—Caspar (*Ther. Gaz.*) reports twelve cases of acute gonorrhea in which the treatment consisted of an injection three times daily of a one-to-two-per-cent. solution of alumnol; this injection was reduced to once daily as the symptoms disappeared. In eight cases treatment commenced from one to three days after the appearance of the secretions; in four, from three to ten days. In seven of the cases a cure was effected at the end of five to six weeks,—*i.e.*, no discharge, and urine entirely free from shreds. In the other five cases the gonorrhea became chronic.

In some cases of chronic gonorrhea treatment consisted of a one-to-two-per-cent. alumnol solution applied by Guyon's method of instillation. One case was cured after four instillations. In the other seven the secretion was the same or more profuse after ten instillations.

In conclusion, he states that acute gonorrhea is neither better nor worse treated by alumnol than by the remedies at present in use, and in chronic gonorrhea it is inferior to nitrate of silver.

From the results in twelve cases of chronic urethritis (no gonococcus present) he concludes that its action on the mucous surface is superficial and inferior to nitrate of silver. But he agrees with Chotzen that the injections of alumnol are entirely painless, and never cause cystitis. The external application of alumnol in gonorrheal epididymitis and the injection in gonorrheal bubo had little or no effect.

In two cases of chanchroid (soft sore) the application of alumnol brought about a speedy cure.

O-D.

Ohio State Medical Society.—At the last meeting of the Ohio State Medical Society, the following officers were elected: President, N. P. Dandridge, M. D., Cincinnati; 1st Vice-President, F. C. Larimore, M. D., Mt. Vernon; 2nd Vice-President, Wm. Caldwell, M. D., Fremont; 3rd Vice-President, W. T. Corlett, M. D., Cleveland; 4th Vice-President, L. S. McCurdy, M. D., Dennison; Secretary, Thos. Hubbard, M. D., Toledo; Assistant Secretary, Chas. Graefe, M. D., Sandusky; Treasurer, J. A. Duncan, M. D., Toledo.

## Excerpts from Russian and Polish Citerature.

Allium Victoriale as a Remedy for Scurvy.—At a recent meeting of the Tomsk (West Siberian) Society of Naturalists, Dr. Moritz K. Horst read an elaborate paper (Trudy Tomskaho Obshtchestva Estestvoispytatelei), 1893, Vol. III. p. 88, with eight drawings of the Allium Victoriale L. vel A. plantagineum Linn. (Russ. Kolba or Tcheremsha), a plant belonging to the natural family of the Liliaceae, and thriving in abundance all over Siberia, Western China, Caucasian Russia, Southern Europe, etc. garlic-like Kolba forms one of the most favorite vegetable remedies of Siberian popular medicine, being especially resorted to as a specific means for scurvy, which disease is raging endemically almost in all parts of the vast northern country. ples' high opinion with regard to the antiscorbutic powers of this very common and cheap remedy, are unanimously endorsed by scientific medical practitioners of Siberia. The plant is eaten either raw or cooked (as a substitute for the ordinary garlic or onion in soups, or any dishes), or salted (in the latter form the vegetable is taken only during winter). Sometimes it is applied externally, the affected parts being rubbed with a tincture of the Only its green leaves are employed at present (while in old times the plant's bulbs were administered as well, in the last century they were even officinal (Bulbus Victorialis Conque), being prescribed as a diuretic, diaphoretic or anthelmintic.

According to Dr. Horst's analyses, the Kolba's fresh leaves contain 0.087 per cent. of a yellowish, exceedingly acrid essential oil (which consists of 43.25 per cent. of C., 6.05 of H., and 50.75 of S.), 1.7 of vegetable wax, 2.8 of vegetable mucus, 0.05 citric acid, and 12.22 of universal substances. The latter consist of phosphates, sulphates, chlorides, and carbonates of potassium, calcium and magnesium. As to the plant's seeds, their chief constituents prove to be a dark, yellow, thin, odorless and bland fatty oil (12 per cent.) a resin (3 per cent). and mineral salts (the percentage of ashes averaging 5.25).

[During a discussion, Professor P. T. Bürjinsky suggested that the beneficial effect of the *Kolba* might be attributed to its irritating essential oil, which stimulates the gastro-intestinal mucous membrane, and in virtue of that improves the assimilation of

food (vide loc. cit., p. 12). If so, then why is the ordinary garlic (Allium Sativum) inferior to the Allium Victoriale as an antiscorbutic? As is well known, the former similarly contains an irritating volatile oil, which excites the gastric mucous membrane to increased secretion. (See Professor Hobart Amory Hare's Text Book of Practical Therapeutics, 1890, p. 43,) and so on.—Reporter.]

Fruits in Chronic Constipation.—Dr. Vasily N. Vasilieff, of St. Petersburg, emphatically states (St. Petersburg Inaugural Dissertation, Series of 1892–1893, No. 31, p. 27) that, according to his experience, the treatment of habitual constipation by gooseberries, currants, or plums, ingested daily in large quantities is followed by better results than the administration of any medicaments yet known. The proposition especially holds true with regard to patients belonging to the poorer classes of the community.

Paracentesis in Hydrothorax.—In the Gazeta Lekarska, No. 12, 1893, p. 320, Dr. Kasimir Chelchowski, of Warsaw, details a very interesting case of a mill-worker, aged 51, in whom the chest was tapped as many as fifty-three times in the course of the last twelve months of his life, the man suffering from aortic insufficiency, with right-sided hydrothorax. From one to two-anda-half litres of serous fluid were removed on each occasion, the specific gravity at first averaging 1009, but subsequently rising to 1012, and even 1013 or 1014. As a rule thoracocentesis was resorted to satisfy the indicatio vitalis. Fairly frequently, however, the author felt compelled to undertake the operation, solely in view of the patient's most urgent requests; the man even threatening that otherwise he would tap his chest by means of a "jack-knife." The procedure was invariably followed by a very marked relief of dyspnea, and other subjective phenomena. During the same period the patient underwent eleven distinct courses of a diuretic calomel treatment. In the beginning the effects were very pronounced, dyspnæa and ædema disappearing in some three days. Later on, however, the drug's action became ever weaker, even a much larger administration of much larger doses failing to secure satisfactory results. mortem examination revealed dilatation of the aorta and diffuse atheromatous degeneration of its wall and valves.

"First Night" Lesions in Ukraïne.—In the Vratch, No. 20, 1893, p. 590, Dr. Ivan I. Simonovitch, of Kozeletz, Ukraïne, (or "Malorossya," i.e. "Little Russia"), relates the following case, which, very likely, will appear rather "extraordinary" to an American reader, but hardly so to a Russian practitioner.

On April 16th, a young peasant woman was admitted to the local Zemskaia Bolnitza with complaint of persistent incontinence of urine of two months' standing, her bladder being completely emptied on walking. An inquiry elicited that the patient had married a peasant of twenty-four about two months previously. According to a revolting custom prevailing among the Ukraïne peasantry the couple were obliged to pass their "first night" in the presence of several eye-witnesses (best men, Russ. shafers or drushkos whose duties include that of personally elucidating the fact whether the bride is "innocent" or otherwise). For some reason or other-whether under the influence of spirits, or under that of such a peculiar mise-en-scéne, the bridegroom's first attempt at coition failed altogether, in view of which circumstance (and again according to popular custom) one of the "best men" was delegated to destroy the unhappy girl's hymen by means of his The delegate, however, missed the vagina and got forefinger. into the urethra. An abundant hæmorrhage ensued to last for a On examination the author found that both the urethra and anterior vaginal wall were ruptured, the rent being four cen-The wound was sutured in the usual way, and in timeters long. due time the woman was discharged cured.

Dr. Simonovitch's paper has induced Dr. Vladimir V. Tokarenko, of Ostapievo, Poltava government, to publish (Vratch, No. 23, 1893, p. 675), a similar case from his own recent practice. A peasant woman, aged eighteen, married two days previously, was brought to his infirmary, with sloughs on the left minor and major labia, and multiple erosions of the mucous membrane of the right nympha, as well as about the vaginal inlet generally. The hymen, which was of the annular variety, proved to be intact. but its lower section was found to be completely torn off from the whole periphery of the navicular fossa. The inquiry showed that the bridegroom, a lad of eighteen, entertaining some doubt concerning his virile potence, and following a "best man's" advice, had attempted to lacerate the hymen with his forefinger, wrapped in the bride's coarse canvas chemise. A profuse bleeding resulting, the couple's relatives tried to stop it, first by application of snuff-tobacco and then by red-hot iron, which samaritan aid caused the aforementioned sloughing. The sloughs were removed and on the 15th day the girl left with all the lesions healed. No disfigurements whatever were said to remain.

Knotgrass in Diarrhœas.—Dr. Alexandr V. Trapeznikoff, of Dvinsk (ci-devant Dunaburg or Dinaburg) highly eulogises (Rüsskaia Meditzina, May 23, 1893, p. 413), the treatment of diarrhea by the knotgrass or centinode (Polygonum aviculare L. Russ. Ptitchya gretchikha, i. e. "Bird's buckwheat"). remedy should be administered in the form of a decoction made of one ounce of the herb to four ounces of distilled water, and given a tablespoonful eight times a day. Of twenty-three cases of various diarrheas treated by the writer after the method, as many as nineteen were readily cured, recovery ensuing in sixteen cases in three days, and in the others, three in four or five. the remaining four cases the knot-grass failed to make any impression on the worst of symptoms, but in three of them a subsequent treatment, by other means (subnitrate of bismuth with opium, catechu oil, emulsion with opium, etc.), similarly proved inefficacious.

Berne, Switzerland,

VALERIUS IDELSON, M. D.

Notice to Intending Contributors to the Proceedings of the Pan-American Medical Congress.—The regulation of the Congress providing that abstracts of papers shall be in the hands of the Secretary-General on or before July 10th, was framed to give the literary bureau ample time in which to make the necessary translations, and publish the four editions of the book before the assembling of the Congress. The request that abstracts be sent in even before the date indicated has been so generally complied with, and the work is so far advanced that the literary bureau finds itself in position to accept abstracts during the remainder of July. To insure careful translation and publication, however, they should be sent in at the earliest possible date.

It is suggested that abstracts be made as full as possible within the six hundred word limit.

311 Elm St., Cincinnati. Chas. A. L. Reed, Sec'y-Gen'l.

## Medical Progress.

#### THERAPEUTICS.

Hypnotic Action of Trional.—Dr. Brie, of Bonn, in a recent article in the Neurologisches Centralblatt, reports very satisfactory results from the use of trional in several psychopathic conditions accompanied by insomnia. In melancholic and hypochondriacal depression, says the writer, "trional always insured a sleep of seven to nine hours duration, usually acting promptly in about one-half hour, and without disagreeable effects, while the patients experienced no disturbance whatever on the following day." In these cases it was found better to commence with two grammes (30 grains) reducing the amount slowly to one gramme (15 grains). Dr. Brie found trional of special value in the insomnias of hysteria and neurasthenia; in cases which had long remained obstinate to other treatment by other remedies. In cases of marked restlessness and maniacal excitement, including paralytic mania, excellent results were obtained in ninety per cent. of the cases under the treatment. In hallucinatory dementia, and paranoia, trional always gave satisfactory sleep. Single doses did not exeed three grammes (45 grains), and good results were often obtained with one gramme (15 grains). The average dose is two grammes (30 grains).

Dr. Dujardin-Beaumetz's Treatment of Obesity.—For the treatment of obesity in a person whose heart and arteries are sound, says the Lancet's Paris correspondent, the above-named physician recommends the following method: Every morning a general body sponging with hot eau de Cologne and water, followed by dry rubbing and massage. A tumblerful of purgative At the end of each meal a dessertwater is then administered. spoonful of the following solution is swallowed: Fifteen grammes of iodide of potassium and 250 grammes of water. undermentioned regimen is to be rigorously observed: First meal at 8 A. M., a cup of chocolate and 20 grammes of bread. meal, 2 eggs, or 100 grammes of meat; 100 grammes of green vegetables or salad; 15 grammes of cheese, a little fruit, 30 grammes of bread, a glass and-a-half liquid (a light white wine with Vichy water). Third meal at 7 P. M., no soup, 100 grammes of meat, 100 grammes of green vegetables or salad, 15 grammes

of cheese, fruit, 50 grammes of bread, a glass and-a-half of liquid (white wine with Vichy water). No drinking between meals, no tea, no coffee, cognac or other alcoholic beverage. Plenty of exercise in the open air.

Cardine.—This is an animal extract of which Dr. William A. Hammond has a high opinion. In a recent number of the New York Medical Journal, he says, inter alia: Of course it is too soon to fix definitely the therapeutical value of cardine, or, in fact, of any other of the animal extracts made by my process. There is danger that over-enthusiastic and inexperienced or ignorant persons will claim too much for them. Already I see that they are spoken of in various quarters as "elixirs of life," and that absurd stories are told of their power. No one person can be expected to determine the value of these extracts. That must be done by large numbers working towards the same end and for long periods. I do not even pretend to assert that there may not be some better method of extracting the active principle of the several organs of the body which I have subjected to experiments. I only say that I have labored more than three years in the attempt to find the best method, and that my experience should go for something, and I feel called upon to warn the profession against the crude experiments of sciolists, who rush in with heavy foot where angels should tread lightly. I have heard of one of these experimenters who makes a mixture of brain substance, glycerine, and phosphate of sodium, and who injects this milky-looking compound into the blood. Of course, inflammation ensues, abscesses will probably follow, and even worse consequences are to be feared. Glycerine of itself is not a preservative of the nervous tissue, except for a very short time, whereas I know that the mixture I use will keep it for at least a year and, I presume, indefinitely.

As to the essential characteristics of cardine, while I am not able to give it a place in the nomenclature of organic chemistry, I am sure, from a consideration of the process by which it is obtained, that it is a substance derived from the heart. There is no escape from this conclusion. As to how it acts, I can at present only call attention to the theory that I proposed in my first paper on the subject, and that is briefly:

That all the organs of the body possess the power, when in a

state of health, of secreting from the blood the peculiar substance that they require for their nutrition, and that they take this substance and no other, never making a mistake in the mat-The brain separates brain substance; the heart, heart sub-If through disease or from derangement of stance, and so on. function they lose their power, or if the peculiar pabulum they require be not in the blood in sufficient quantity, their functions cease to be normal. General debility, producing a diminution of nerve force, may cause the loss of this power, or it may result from local disturbance either of structure or function, or some profound shock to the organism may so interfere with hæmatosis that the blood no longer contains the material which the organ In either case, if we supply to the blood the peculiar principle which a diseased or disordered organ requires, we do that which Nature, unassisted, can not or does not do.

Cardine, therefore, if this theory of its action be correct, nourishes the heart. It is the substance which an ill-conditioned heart must have for its well-being. It is already in a fit form for assimilation, and it acts with a promptitude, a certainty, and a degree of permanence of which no other heart tonic within my knowledge is capable.

It follows also that in all weak conditions of the system, and especially in those in which the blood is below the normal standard, cardine must prove to be of inestimable value. And in other and more serious affections, such as those in which depurative organs of the body, especially the kidneys, fall below the healthy standard of function, cardine, increasing as it does the heart pressure, may augment the bodily comfort and materially prolong life.

Cardine is not an annihilator of the influence of old age, but my experience convinces me that it lessens the effects of this factor of deterioration, so far, at least, as the heart is concerned. This organ, as is well known, is one of the first to fail in physiological power, and this is shown not only by the examination of the pulse and of the heart itself, but by the accumulation of fluid, especially in the lower extremities, owing to a diminution of the heart pressure. Cardine, taken in conjunction with cerebrine, assuredly counteracts this influence, for owing to the increase of the cardiac pressure, the passive anasarcous condition disappears, and the other indications of heart weakness are either greatly mitigated

or altogether abolished. How long this power will remain in any particular case I am not at present able to say, but I know that a daily hypodermic injection continued for six months does not yet reveal any sensible loss in its influence.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Tropical Suppurative Hepatitis.—Surgeon Patrick Hehir, of the British Indian Service, formulates in the *Indian Medical Gazette* the following pathological classification of cases of hepatic abscess:

- (1) By far the most common are cases occurring consecutive to dysentery, and arising from a secondary infective process affecting the liver through the portal circulation. These cases arise from:
- (a) The action of septic organisms, such as the streptococci, staphylococci, micrococci; or
- (b) The irritation of the products of such septic organisms—ptomaines, conveyed to the liver from the ulcerated bowels and acting primarily on the liver, which plays the part of a filter upon the blood conveyed to it by the portal vein, or to the irritation of the ameba coli or cercomonas intestinalis, or both combined. Cases due to malarial poisoning, the blocking up of the radicles of the portal vein by the plasmodia of Laveran, these organisms acting as irritants and lighting up the suppurative process.
- (2) Acute sthenic parenchymatous inflammation resulting from climatic causes, overcrowding, alcoholic excesses, excessive heat or chill, acting upon a liver already in a partial state of disorganization.
  - (3) Idiopathic cases in which no assignable cause can be traced.

The Microbe of Typhus.—"If" says Charles Talamon in a recent number of La Médecine Moderne, "we do not know the specific microbe of typhus fever, it is not because there are not a sufficient number of candidates for the title."

Just now we may reckon five (Boston Med. and Surg. Jour.):

- (1) The streptobacillus of Hlava, the first in date, 1888; in the form of short rods, double or in chains.
  - (2) The mobile grain of barley-shaped bacterium of Babes.
- (3) The spirillum of Lewascherd, found in the blood, in the form of roundish corpuscles, refractive and furnished with fine mobile prolongations.

- (4) The peculiar multiform micro-organism of Calmettes.
- (5) The diplococcus exanthematicus of Dubiet and Bruhl, the most recent discovery, found in the blood, the bronchi, the lungs, under the form of a little diplococcus easily cultivated in all media.

Talamon remarks that each one of the discoverers has always found his microbe in all the cases which he has examined, but he has never found those of his predecessors; that the cultures have always succeeded more or less readily and in media more or less varied; that, lastly, the hares and guinea-pigs inoculated have always succumbed, save only the hares of Hlava, who has only succeeded in killing two pigs with his streptococcus.

All the candidates seem to possess about equal merit; and to which shall the honor he awarded?

#### DISEASES OF WOMEN AND CHILDREN.

Massage in Pædiatric Practice.—Dr. A. E. Mokshanteffz points out (*Vratch*, No. 19, 1893, p. 562) that in infantile cases the treatment by massage frequently meets a considerable obstacle in the little patient's restlessness, nervousness, struggling, etc. The author's experience shows that the difficulty can be easily avoided by performing massage at bed-time; when commenced at the moment, the procedure quickly sends the child to sleep, after which it can be most conveniently continued and duly terminated without interfering with the patient's sleep or comfort.

Albuminuria as a Result of the Act of Parturition.— Modern obstetrics has done much to clear up the pathology of the gravid, parturient, and puerperal conditions. Perhaps the greatest amount of discussion has centered about the condition that for want of a better name is called eclampsia (Med. News.) A knowledge of the etiology of this condition would practically mean also a recognition of the means of its prevention and treatment. Many clinicians admit that there may be a physiologic albuminuria, as, for instance, after the taking of albuminous food and after active physical exercise. Recent observations by Aufrecht and Friedeberg (Centralblatt für klinische Medicin) demonstrate that transient albuminuria may occur in women as a result of the act of parturition. The observations were made

upon healthy puerpera, free from gonorrheal infection, and were conducted as follows: The urine was examined in the usual manner before the onset of labor. In case the woman was in labor at the time of entrance into the hospital and was unable to spontaneously evacuate the bladder, the urine was withdrawn by means of the catheter, the most scrupulous aseptic precautions being observed. The urine was withdrawn by catheter at the conclusion of labor and again examined. In cases in which the urine presented an abnormality the examination was repeated twenty-four hours after the conclusion of labor. Thirty-two puerperal women were examined in the manner outlined. did the urine contain albumin before the occurrence of labor. eighteen, however, albumin was found after labor in varying proportion; in none were tube-casts found, and in but one a small number of red corpuscles. It thus seems reasonable to infer that the albuminuria is a result of the activity of labor, perhaps through venous stasis from the pressure upon the abdominal viscera and forced expiration with closed glottis. The practical lesson to be learned is that the urine should be faithfully and repeatedly examined immediately before labor, and, if albumin be present, that untoward symptoms should be carefully look for, on the appearance of which the labor should be terminated as This injunction applies with special emphaquickly as possible. sis if eclampsia (which is almost invariably associated with albuminuria) has appeared. If artificial labor is not practicable, • chloral hydrate is perhaps the next most useful agent.

#### SURGERY.

Report of Five Cases of Congenital Stricture.—The author (Dr. Werner, of Markgrönigen,) reports in detail, in *Memorabilien*, five cases which have come to his notice during a practice of forty years (*Med. and Surg. Rep.*). He has never seen a complete imperforate anus.

The first case, which happened in 1867, a child aged 20 weeks, had suffered from birth; defecation being extremely painful and covering a long period of time, owing to the small opening.

The author made a small incision with a bistoury having a blunt end, and enlarged the incision with scissors, introducing a catheter at once incited the bowel to action; the lower bowel was thereby emptied. Three days later, the child having had no movement during the interim, was again suffering considerably, and it became necessary to resort to injections and the use of the catheter, which again gave relief.

One month later the mother reported that the child was well, excepting that it was necessary to use the injection daily.

In February, 1891, the author states that the former patient married and had two children, and two years after the operation she was able to do without the injection, and that now she is enjoying perfect health.

Case II.—Seen in 1879, age 5 months; always seemed to have pain on defecation, which had always been thin. Four days before being seen she had begun to discharge small, round balls of fecal matter causing great pain. A female catheter was easily inserted; after being passed  $3\frac{1}{2}$  cm. seemed to come in contact with a constriction. A further examination with the little finger proved the presence of an unmistakable stricture.

The author performed a successful operation which he gives in length. The child recovered promptly; was found enjoying good health in 1891.

Case III.—Seen first January, 1891; aged 11 months; has been suffering since birth from difficult defecation. Operation same as case second; prompt recovery.

Case IV.—Seen first August, 1878; age 9 weeks, and had had two previous operations. Previous diagnosis, complete closure of the rectum, which the author seems to doubt. An operation seemed to be successful, as in others.

The communication received thirteen years later said, however, that the boy is well developed, mentally sound, but that up to his seventh year had had no control over the sphincter ani; and even now cannot retain any liquid movement. An investigation of the parts show a patulous opening, size of a cherry stone, large enough to admit an ordinary lead pencil; in passing the finger into this opening, one reaches an obstruction, in all probability a healthy internal sphincter. The child suffers no pain and never passes blood or mucus.

Case V.—Seen in January, 1889, the child  $2\frac{1}{2}$  months old, which was so sick and emaciated that an operation was out of the question, died several days after being seen.

Antiseptic Dressings.—Professor Travel, of Bernhas, published an interesting article in which he describes his investigations as to whether absolute sterility is necessary in perfect wound-healing (Boston *Med. & Surg. Jour.*). It would require too much space to describe his work in detail; but his conclusions are that:

- (1) When wounds have healed under antiseptic dressing, bacteria are found in about two-thirds of the cases.
- (2) In a majority of cases there are only harmless epidermis cocci, which, as a rule, do not interfere with perfect healing.
- (3) If a staphylococcus is found there, a disturbance can be predicted with considerable certainty.
- (4) The presence of the staphylococcus albus is only exceptionally connected with infection of the wound.

Laminectomy.—Mr. Arbuthnot Lane operated on a case of paraplegia due to spinal caries (Med. Press.). The child was four years old, had suffered from spinal disease for two years, and had been more or less paraplegic for six months. was but slightly impaired, and voluntary power was sufficiently diminished to prevent the child from being able to stand. plantar reflex was exaggerated, but no knee-jerk or ankle-coluscould be obtained on either side. There was an angular curve with a rounded summit, which corresponded to the spinous processes of the fifth and sixth dorsal vertebræ. Mr. Lane pointed out that the loss of the knee-jerk does not appear to diminish the chances of recovery, nor does it seem to indicate any extensive or irrecoverable change within the cord, since such cases do very well when the pressure is removed from the cord. laminæ and spinous process of the fifth and sixth dorsal vertebræ were removed, the abscess in front of the cord was opened, and by taking away the adjacent transverse processes on one side a very large cavity filled with cheesy material and purulent-looking liquid was freely opened up and thoroughly cleared of its con-There was complete destruction of the bodies of the vertebræ, the two portions of the spine moving freely on one another during respiration. A drainage tube was fastened into the cavity, and it was intended to introduce through it sterilized glycerine and iodoform daily. Though the condition of the spinal column itself appeared absolutely hopeless, Mr. Lane

stated that he had had excellent results in such cases. He felt more strongly than ever that, quite apart from the very obvious gain in the removal of the paraplegia which laminectomy afforded, the operation was advisable solely on the ground of enabling the surgeon to remove a large quantity of tubercular material and carious bone, and so to ensure as far as possible the recovery of the spinal column. As an example of the advantages of the operation, he showed a patient of about the same age on whom he had operated about a fortnight before, and who had also very extensive intrathoracic trouble. The wound had healed by primary union, the paraplegia was disappearing rapidly, and the child was leaving London for a cottage hospital in the country. He pointed out that when surgeons had got over their dread of purely imaginary severity and difficulties of the operation, it would be performed with greater frequency, not only in cases of compression paraplegia, but also in cases of spinal caries uncomplicated by paralysis. Of course, where there is no paraplegia, the bodies of the dorsal vertebræ can be readily got at by the removal of but a portion of the laminæ with the adjacent transverse processes.

### Book Reviews.

Electricity in Diseases of Women and Obstetrics. By Franklin H. Martin, M. D. 8vo. pp. 278. With Illustrations. [Chicago: The W. T. Keener Co. 1893. Price, \$2.00.

The work of Apostoli in bringing into prominence the subject of electro-therapeutics in gynæcology has made an epoch in the treatment of diseases of women. It is a comparatively new field, but it has already engaged the attention of the best minds in its study and improvement. Among the Americans who have actively contributed to improved methods is to be numbered the author of the work before us, which is the second edition. has been thoroughly revised and such additions made as are called for since the appearance of the first issue. Static electricity finds appropriate consideration as well as the electro-therapentics of pregnancy, and the general practitioner, albeit he may not desire to equip himself completely for the work as a specialist would, will find so much of a practical and useful nature in Martin's book that he will hardly be able to get on without it once he has seen and studied it.

Stricture of the Urethra. By G. Frank Lydston, M. D. 8vo. pp. 334. With Seven Full Page Plates and Eighty-five Wood Cuts. [Chicago: The W. T. Keener Co. 1893. Price, \$3.00.

Urethral stricture is only of less interest to the physician than it is to the patient. Much has been written upon this trouble, and the subject seems to be an inexhaustible one. The treatment of this distressing condition is far from being the success which it is so desirable to obtain. The methods in wogue cannot yet be looked upon as ideal. In the book before us we are given a revision of the class-room lectures of Lydston, and all who have heard him know how interesting and lucid he can make a subject. This has been done in the present instance and the author has avoided burdening his work with a never-ending series of references and quotations which, whilst of the highest interest to the specialist, only seem to confuse the student.

A judicious selection of good plates and figures has been made for the further elucidation of the subject, and we can truthfully say that the book is a good and reliable guide and one whose usefulness will be appreciated to a greater degree the more

closely it is studied.

## Literary Notes.

Books Received.—The following books were received during the past month and will be reviewed in the JOURNAL:

Recent Developments in Massage, by Douglas Graham, M. D. Physician's Leisure Library. 12mo. pp. 128. [Detroit: Geo. S. Davis. 1893.

Stricture of the Urethra, by G. Frank Lydston, M. D. 8vo. pp. 334. With Seven Full Page Plates and Eighty-five Wood Cuts. [Chicago: The W. T. Keener Co. 1893. Price, \$3.00.

Electricity in Diseases of Women and Obstetrics, by Franklin H. Martin, M. D. 8vo. pp. 278. With Illustrations. [Chicago: The W. T. Keener Co. 1893. Price, \$2.00.

Massage is a therapeutic measure which has been remarkably improved within late years. Dr. Douglas Graham is certainly entitled to a great deal of credit for the work he has done in this direction, and his book on the subject is certainly thorough and comprehensive. Recent Developments in Massage is by the same author, and it constitutes one of the Physician's Leisure Library issued by Geo. S. Davis, of Detroit, Mich. This booklet contains

128 pages of interesting matter, from which the value of massage in a number of conditions may be gathered. It is well worthy of careful perusal, for massage is much more valuable than has been hitherto supposed, as Thure-Brandt so thoroughly demonstrated. The present book which is under consideration is sold at 25 cents by the publisher.

Statistics of Nose, Throat and Ear Diseases of patients of the clinic of Dr. Moure, of Bordeaux, are presented in a brochure by Dr. R. Beausoleil. From Nov. 1, 1891, to Oct. 31, 1892, 1,857 new cases are seen, comprising 698 diseases of the larynx and pharynx; 377 of the nose and naso-pharyngeal cavity; and 782 of the ears. The entire subject is handled in a very interesting manner, especial attention being directed to peculiar cases and to some of the most interesting points observed in connection with series of cases of the same affection.

Electro-Therapeutics of Neurasthenia is the subject which Dr. W. F. Robinson considers in a 72-page issue of the Physician's Leisure Library. Since Beard made neurasthenia a distinct nosological entity, much time and ingenuity have been expended to arrive at a rational and satisfactory method of successfully treating this distressing complaint. The author, after some general considerations upon the subjects of neurasthenia and the different forms of electricity employed in therapeutics, enters upon a description of the various applications of the latter to the former. He seems to be very sanguine of the good results attainable and he should certainly be entitled to a deal of respect, as he has had quite an experience in the matter. As neurasthenia is quite prevalent, we would recommend our readers to write to Geo. S. Davis, of Detroit, for this number, enclosing the price, 25 cents.

Impotence and Sexual Weakness in the Male and Female forms the subject of a recent number of the Physician's Leisure Library, published by Geo. S. Davis, of Detroit, at the usual price, 25 cents. Dr. Edward Martin, the author of this brochure of 102 pages, speaks on his subject in an intelligent manner, although he is rather summary in dealing with impotence in the female, devoting but six pages to this subject. He regards the failure to secure an orgasm as impotence in the female, and has but little to say either in regard to the condition or the means of helping the individual who is the victim of such a deplorable Male impotence and sexual weakness are handled in condition. a more thorough and conscientious manner. The author advises electricity strongly as an efficient method to use in treatment, although he does not forget the other methods which are recommended. On the whole, the booklet is very readable.

Hysterectomy forms the subject of a 128-page octavo brochure by Dr. E. Doven (of Reims,) being a reprint from the Archives Provinciales de Chirurgie of Dec. 1, 1892. author details two unpublished methods of performing abdominal and vaginal hysterectomy, illustrating his subject with fortyseven illustrations, twenty-six of which are colored. enters into historical details, then gives his personal statistics respecting inflammatory peri-uterine lesions. He next considers the neoplastic affections of the uterus and its adnexa. this chapter that he describes, in detail, his two operations. third chapter is devoted to the general résumé of the subject, giving the operative results in the cases mentioned. tional chapter forms a sort of appendix. In this the author discusses the question of priority in uterine extirpation for suppurative lesions of the adnexa and the originality of his operation of vaginal hysterectomy. He gives us the date of his first operation, Dec. 3, 1887, upon which occasion he made a vaginal hysterectomy, removing the appendages quite some time prior to Péan, to whom the originality of this procedure has generally been attributed.

We have received from Frederick Stearns & Co., Detroit, Mich., a copy of a very useful little publication entitled "Stearns' Dose Book," a copy of which will be sent free to any physician on application. The dose table gives in alphabetical order and in apothecaries and metric systems the maximum and minimum doses for adults, of all remedies, officinal and unofficinal, in general use, the book contains a chapter on incompatibles, tables of poisons and their antidotes, chapters on urine testing, disinfectants, asphyxia, and apnœa, etc., a list and description of new remedies and a table of comparison of thermometers. Address Frederick Stearns & Co., Detroit, Mich.

## Society Proceedings.

#### PETTIS COUNTY (MO.) MEDICAL SOCIETY.

Stated meeting Pettis County Medical Society held May 15, 1893, the President, Dr. E. F. Young, in the chair. Among others from abroad we were pleased to see Dr. A. B. Miller, of Macon, Mo., President of Missouri State Medical Association.

Dr. E. Müehl read a paper containing the report of a case of typhoid fever in a child two years old successfully treated with baths.

In discussing the paper, Dr. W. H. Evans said he indorsed the bath treatment, especially in nervous children. If always prepared to give this treatment he would prefer it to giving medicine.

- Dr. E. C. Evans approved the treatment as he had had similar cases in which it was entirely satisfactory. Preferred water to medicine.
- Dr. G. W. Mills endorsed the treatment, but in children preferred the wet pack.
- Dr. G. H. Scott said no routine treatment can be followed in all cases. If there exists any objection to baths, sponging can always be done.
- Dr. W. B. Scales had practical sponging more often than baths, and had met with good success.
- Dr. R. L. Shadburne thought the value of water very great in all febrile disorders. Had seen his father use cold bath freely to reduce temperature twenty years ago. Preferred the bath to sponging because the latter produced so much peripheral irritation. Children bear the bath better.
- Dr. A. B. Miller complimented Dr. Müehl for such a report of the case. The question of typhoid fever and its treatment is one that never grows old. Treatment by cooling baths has been popular for many years, still there are cases in which the bath is not the proper treatment. Whatever makes the patient feel better is good.
- Dr. Moss, of Columbia, said he had changed his method of treating typhoid fever several times, and for some time had been using saline treatment, and so far had been well pleased with it.

Regular meeting Pettis County Medical Society, the President, Dr. E. F. Yancey, presiding.

Dr. G. H. Scott read a paper which had for its title "What Are We Here For?" The paper presented the objects for which medical societies are organized, was well written, and was listened to with much interest. The discussion of the paper was quite animated, both pessimistic and optimistic views of the medical profession being maintained with much vigor.

All were agreed that it is very distasteful to be called "Doc."

GEO. E. McNeil, Secy.

## Melange.

Official Delegates to the Pan-American Medical Congress.—Practically all of the Governments have appointed official delegates to the Congress in response to the invitation by the President of the United States. The U.S. Government will be represented by six delegates. The larger cities of all the Latin-American countries have appointed delegates to participate in the proceedings of the Sections on Hygiene, Climatology and Demography, and on Marine Hygiene and Quarantine; and similar appointments will be made by the cities of the United States. Seventy-six similar delegates have so far been appointed by the Governors of States in the United States. A large number of delegates have been chosen by the medical colleges of the United States and other American countries to attend the Section on Medical Pedagogics, under the presidency of Professor J. Collins Warren, of Boston.

A Baltimore Girl's Impression of Medical Women.— The Sun lately published an account of the rather heartless treatment accorded by passers-by to a lady doctor of Brooklyn who had slipped on the street and received a disabling injury of her Taking the affair as a text, a Baltimore girl has since written to the editor of the Sun as follows: " Sir-I know why the woman doctor you told about on Sunday had such a bad time. She is a woman doctor—that explains it. I never saw one yet who wasn't peculiar looking, and didn't get herself up more as a They wear a sort of dress-reform costume, doctor than a woman. short skirts, no corsets, a mannish hat. Some how or other they do not look one bit attractive or womanly. I am a good-hearted young woman, stop and give a beggar five or ten cents, help old people across streets, and all of that; and yet I would really have to make an effort to do any Good-Samaritan act to a woman doc-Why, my brother-in-law, who is a doctor, told me he had never yet heard one of them talk about measles. It was always some horrible unmentionable disease they must harp on. see, all that tells on a woman's appearance, even when she isn't unfortunate enough to fall down and break her knee. those circumstances, dear me! she must look a pretty sorry sort I have always longed to be rich for two reasons: of object.

One is that I might have horses so that they need not wear check reins, and the other is that some one would come to me for a subscription for a woman's medical college, so I could refuse." This, we are obliged to say, is not a fair picture of the medical women of New York, many of whom are as feminine and attractive in looks and demeanor as one could wish; and, if it correctly portrays the lady practitioners of Baltimore, they must be immigrants, for the young women of that city are noted for their loveliness.

Pan-American Medical Congress.—Section in Marine Hygiene and Quarantine. Executive President: Dr. Walter Wyman, Surgeon General, United States Marine Hospital Service, Washington. Secretaries: Dr. S. T. Armstrong (English speaking), 166 West Fifty-fourth Street, New York; Dr. G. M. Guitéras (Spanish speaking), United States Marine Hospital Service, Washington.

The executive president desires to call the attention of all members of the medical profession that are interested in the topics pertaining to this section to the regulation of the Congress, that contributors are required to forward, not later than July 1st, to the secretary of the section, abstracts, not to exceed six hundred words each, of the papers they propose to present before the section.

The topics that will be considered by this section are as follows: 1. The hygiene of vessels, commercial or naval, including the questions of ventilation, heating, sanitary arrangements, the disposal of cargo so as to facilitate disinfection, food supply, 2. The medical officers of passenger vessels; methods for 3. The vital statistics of seamen their selection, duties, etc. and firemen. The question of the medical examination of crews preparatory to shipping. 4. The supervision of vessels by government medical inspectors at ports of arrival and of departure. Code of rules for handling an epidemic disease that breaks out Disinfection of passengers and crew during a on shipboard. Location and arrangement of ships' hospitals. Epidemic and exotic diseases propagated by shipping. diseases should be quarantined. Responsibility of nations for epidemics; India for cholera, South America for yellow fever. Can a feasible plan be devised to totally exterminate cholera?

International intervention to prevent the propagation of cholera or other epidemic diseases by pilgrimages or immigration. International uniformity in quarantine regulations. quarantine officers be notaries public? 7. Arrangement of detail and equipment of quarantine stations; a, inspection stations; b, local quarantine stations; c, refuge stations. Methods for handling infected or suspected vessels. Interstate and inland quarantine: sanitary cordons; camps of refuge; camps of probation. Recent improvements in hospitals for infectious diseases. Length of time vessels should road inspection and quarantine. be held in quarantine. Conditions that should determine proclamation of quarantine against a country. Under what requirements may passenger traffic be carried on between a port infected with yellow fever and a Southern port of the United States during the summer, with the least obstruction to such traffic? What merchandise should be considered as requiring treatment if shipped from a port or place infected with cholera, yellow fever, or small-pox? 8. Methods of disinfection: a, persons; b, baggage; c, cargoes; d, vessels. Recent improvements in quarantine appliances; steam chambers; sulphur furnaces. phur dioxide as a disinfectant. Treatment of ballast; water; What time should an infected vessel be detained in quarantine?: a, for cholera; b, for small-pox; c, for typhus fever; d, for plague; e, for yellow fever. Methods of disposal of the bodies of those that die while in quarantine.

Section on Gynæcology and Abdominal Surgery. — All members of the medical profession are cordially invited to attend the meeting of this section to be held in Washington, September 5th, 6th, 7th and 8th.

The sessions promise to be exceptionally interesting, many valuable papers having been contributed. Those who may wish to read papers before this section and who have not yet sent in their titles and skeleton abstracts are requested to do so at once.

Papers have already been contributed by the following distinguished gentlemen from the United States and Canada: Drs. T. Johnson Alloway, Montreal, Can.; A. W. Abbott, Minneapolis, Minn.; J. M. Baldy, Philadelphia, Pa.; H. J. Boldt, New York City; Augustus P. Clarke, Cambridge, Mass.; Ernest W. Cushing, Boston, Mass.; Andrew F. Currier, New York City; L. H.

Dunning, Indianapolis, Ind.; Geo. R. Deane, Spartansburg, S. C.; W. E. B. Davis, Birmingham, Ala.; Joseph Eastman, Indianapolis, Ind.; Geo. M. Edebohls, New York City; De Saussure Ford, Augusta, Ga.; William Gardner, Montreal, Can.; T. H. Hawkins, Denver, Col.; John R. Haynes, Los Angeles, Cal.; Edw. W. Jenks, Detroit, Mich.; Jos. Taber Johnson, Washington, D. C.; Howard A. Kelly, Baltimore, Md.; Florian Krug, New York City; G. Betton Massey, Philadelphia, Pa.; Lewis S. McMurtry, Louisville, Ky.; R. B. Maury, Memphis, Tenn.; Wm. F. Myers, Fort Wayne, Ind.; E. E. Montgomery, Philadelphia, Pa,; Robt. T. Morris, New York City; Chas. P. Noble, Philadelphia, Pa.; Jos. Price, Philadelphia, Pa.; Geo. H. Rohé, Baltimore, Md.; Jas. F. W. Ross, Toronto, Can.; Chas. A. L. Reed, Cincinnati, O.; I. S. Stone, Washington, D. C.; R. Stansbury Sutton, Pittsburg, Pa.; T. Algernon Temple, Toronto, Can.; A. Vander Veer, Albany, N. Y.; W. B. Ward, Topeka, Kas.

BROOKS H. WELLS,

W. W. POTTER,

71 West 45th St., N. Y. City, English Speaking Secretary.

Executive President.

The Latest Indian Outbreak.—The following hair-raising communication appears in the *Pharmaceutical Era*:

DEAR SIR—I am one of a few of the surviving lineal descendants of a tribe of noble red men, which once inhabited a famous island of the Bahama group, off the southeastern coast of the United States. Among the things which support my identity, in addition to a graceful style of Græco-Roman nose, which has been handed down from generation to generation of our tribe, is a prime article of native modesty, which has seemed to gain in force with the lapse of time. This peculiar characteristic necessarily receives rough treatment whenever the occasion arises for correspondence with the hated paleface.

However, the outrage which furnishes the motive for this letter is one, as you will plainly see, which really calls for revenge, and I am determined that the aforesaid H. Paleface shall pay the penalty (in money). I have particular reference to the indignity lately perpetrated by the Great Father at Washington, in issuing the Columbian postage stamps. I pass by as deserving of contempt, the evident desire of the artist to invite ridicule by depicting one of my noble ancestors, known as Gorunaway (meaning in

English, Spit-in-the-Sea), in the undignified attitude of skulking behind a tree, where only a part of his face and a naked limb could be seen by a gang of Spanish rufflans, which happened to run across his island in the dark. The Great Father at Washington undoubtedly thought he was perpetrating above the ordinary, when he gave his sanction to this outrage upon a fallen, but unsubdued race. But, alas! he has cast a boomerang, and it is with joy that this action supplies a formidable weapon for wreaking my pent up vengeance, and I shall not be slow to retaliate by roping in a great majority of the "suckers" with which this land now seems to be densely populated. I propose to adopt a plan of the hated paleface, and the Great Father at Washington will unwittingly help me in my scheme. I have but to recall history and my plan is assured of success.

A legend of our tribe informed me that immediately after the landing ceremonies, which the picture on the stamp is supposed to depict, one of the gang of invaders casually remarked that it was a long time between drinks with them, whereupon the company proceeded inland in search for liquid refreshments, leaving the coast clear in more than one sense, which action furnished an opportunity for the ancient Spit-in-the-Sea to come forth on a tour of inspection. On nearing the spot where the leader of the band had knelt upon the sands, he espied a shining object which proved to be a glass bottle with an inscription thereon reading as follows:

#### DR. GARCIA HERNANDEZ'

Matchless, Unrivalled Hair Invigorator.

Warranted to grow Hair on a Bald Head inside of twenty-four hours. Will also renew hair on worn out Rugs and Bristles on old Scrubbing Brushes. Manufactured by Dr. Hernandez, Palos, Spain. Price, 10 Escudos per bottle. Satisfaction guaranteed or money refunded.

Old Spit-in-the-Sea immediately bore his prize in triumph to his wigwam in the depths of the forest. That night a council of war was held, all the tribe being present. It was decided that old Spit-in-the-Sea should investigate the virtues of the contents by rubbing some of it on the tip of his nose. No dire result followed this act, but the next morning it was a common report that the ancient gentleman was the unhappy possessor of a fine set of whiskers, over a foot long, projecting from the end of his nose. It was unanimously decided that the bottle contained an evil

spirit, and it was ever afterward regarded with all the awe which such objects usually inspire. It was given a name which conveys the same meaning that your term "Old Harry" or "Hairy" does when used in moments of excitement. During subsequent years it was much used by members of the tribe, who returned from warlike expeditions minus a scalp. A drop or two on top of the head, usually brought out a fine growth of new hair in a very few days. This bottle always remained in the custody of the chief medicine man of the tribe, and it is by virtue of such right that I now have the original empty bottle in my possession.

It is also a matter of legend, that the remarkable prestige gained by the tribe, in consequence of their having this wonderful scalp rejuvenator, began to wane as the contents of the bottle became exhausted, and I have heard the hated paleface remark, in my presence, that it was still on the wane.

A few years ago I began to realize that if the departed glory of our tribe was ever to be re-established, or if vengeance was ever to be executed, it would require some miraculous power such as only this wonderful hair grower possessed. opportunity presented itself for the attainment of my object, when one of our squaw men obtained a position with a wild west show, that was on the point of embarking on a foreign tour. While performing in the neighborhood of Palos, my emissary embraced the opportunity for investigating the subject. found in the possession of the descendants of Dr. Hernandez, an ancient-cabinet, such as is used by your novelists in writing their stories, and upon discovering the secret drawer therein, found the formula for this great compound. This recipe I now have, and I already exult in the revenge I shall enjoy while I ravage the pocket books of the credulous American public. furnish the recipe free, after the manner of some of your greatest medicine men, but I shall caution the public against the substitution, by druggists, of inferior drugs in place of its costly ingredients, and shall offer to fill it myself for ten dollars. a testimonial of what this compound will do, I would respectfully refer you to the one-cent Columbian postage stamp, showing Columbus with a beardless face viewing his newly discovered coun-By referring to his log book it is found that he went below shortly afterward and anointed his face with Dr. Hernandez' The result is plainly seen on the Columbian two-cent

stamp, where Columbus lands in the new world with a full set of whiskers on his face that was beardless the previous evening.

Yours fraternally, Dr. Afraid-of-his-patients.

The Pan-American Medical Congress Excursion to Rome.—It has been definitely determined that the Pan-American Medical Congress Excursion to the XI. International Medical Congress will sail on the S. S. "Werra" from New York, September 9th, the day following the adjournment of the Congress at Washington, and will arrive at Genoa, September 20th, four days before the opening of the Rome meeting.

Round trip steamer tickets may be procured for \$142.50 for inside rooms, and \$150.00 and upwards for outside rooms. ets are good for members of the Congress and their families and may be used at option of holder to return on any steamer of the line from Genoa, or on Saturday steamers from Bremen, or Sunday steamers from Southampton, during the months of October, November and December. Physicians desiring to avail themselves of this exceptionally low rate should at once become members of the Pan-American Medical Congress by sending the registration fee (\$10.00) to the treasurer, Dr. A. M. Owen, Evansville, Ind., and informing the secretary-general, Dr. Charles A. L. Reed, Cincinnati, of their intention to join the excursion. Passage should be secured without delay, as the trip, involving as it will, a stop at the Azores and Gibraltar, and a sixty hours' sail along the picturesque coasts of Spain, France and Italy, promises to be very popular. Many prominent European guests of the Pan-American Congress will return on this occasion. time allowed will afford American physicians an opportunity to not only attend the International Congress and visit Rome, but to extend their journey to the famous sanatoria of South France and the Riviera.

American Electro-Therapeutic Association.—The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12, 13 and 14, at Apollo Hall, Central Music Hall Block.

Members of the medical profession interested in electro-therapeutics are cordially invited to attend.

AUGUSTIN H. GOELET, M. D., President.

MARGARET A. CLEAVES, M. D., Secretary.

The Pan-American Medical Congress.—An informal meeting of a number of members of the Executive Committee was held at the Gasconade, Lebanon, Mo., July 22 last. ional programme for the general sessions was read by Secretary-General Reed. Dr. Adams, chairman of the Committee of Arrangements at Washington, D. C., stated that the Sections had been assigned halls to meet in, and that a reception would be held at the Arlington on the first evening. The President of the United States will be unable to give a reception to the members of the Congress, but provision will be made for other entertain-The meeting resolved that railroads be requested not to grant rates on the certificate plan, but that round-trip tickets be sold to delegates and members. In this manner much trouble and inconvenience will be avoided, and there is an inclination on the part of several roads not only to do this, but to give a halfrate.

Organization of Section on Dermatology and Syphilography.—The morning sessions of the Section on Dermatology and Syphilography will be devoted to the reading of papers, and the afternoon sessions to the discussion of questions. The questions which have been proposed are as follows:

- 1. Is leprosy contagious or inoculable? If so, what is the manner in which such contagion or inoculation is effected?
- 2. What are the relations of psorospermosis to malignant processes (epithelioma, Paget's disease of the nipple, etc?)
- 3. Is impetigo a disease sui-generis? If so, what is the explanation of the different varieties observed?
- 4. Are the lesions of tertiary syphilis dependent on the process, or are they secondarily caused by the result of a changed condition of tissues? If so, what is the explanation?
  - 5. The diagnosis of skin diseases in the colored races.

All physicians, who feel so disposed, are cordially invited to take part in the proceedings of the Section, and to forward, as soon as possible, the titles of such papers as they desire to read, or which they desire to be read for them by others.

There will be an effort made to perfect a temporary museum for the exhibition of paintings, pictures, photographs, specimens, plastic and wax models of diseases, as well as instruments, etc. To make this as complete as possible, all those having such in their possession are invited to contribute the same, which will be returned upon the termination of the meetings of the Congress. Please address either of the secretaries or executive president, giving the amount of space which will be required.

Executive President, A. H. Ohmann-Dumesnil, 1 North Broadway, St. Louis, Mo.

English-Speaking Secretary, Wm. S. GOTTHEIL, 25 West 53d Street, New York, N. Y.

Spanish-Speaking Secretary, John Forrest, 10 King Street, Charleston, S. C.

The following Advisory Council has been added to the officers of the Section. Any member of the Council will gladly receive titles and abstracts of papers, and promptly forward same. The Council is as follows: Dr. H. W. Blanc, Sewanee, Tenn.; Dr. I. N. Bloom, Louisville, Ky.; Dr. E. B. Bronson, 123 West 34th Street, New York; Dr. W. T. Corlett, 333 Prospect Street, Cleveland, O.; Dr. J. B. Keber, 911 Chestnut Street, St. Louis, Mo.; Dr. J. P. Knoche, Kansas City, Mo.; Dr. J. C. McGuire, Washington, D. C.; Dr. S. Pollitzer, 21 West 52d Street, New York; Dr. B. Merrill Ricketts, 137 Broadway, Cincinnati, O.; Dr. J. V. Schoemaker, 1519 Walnut Street, Philadelphia, Pa.; Dr. H. W. Stelwagon, 1411 Spruce Street, Philadelphia, Pa.; Dr. M. P. Vander Horck, Syndicate Block, Minneapolis, Minn.; Dr. Jos. Zeisler, 125 State Street, Chicago, Ill.

Mississippi Valley Medical Association.—The Nineteenth Annual Meeting of the Mississippi Valley Medical Association will occur in Indianapolis, Wednesday, Thursday, and Friday, October 4, 5 and 6, 1893.

A general session will be held each morning and the afternoons will be devoted to section work. There will be three sections at this meeting, viz: One on general medicine; one on general surgery, and one on obstetrics and gynæcology; the last mentioned having been added since the last meeting.

The indications at present are, that for genuine scientific work, this will be one of the best meetings in the history of the association. The attendance will probably be unusually large, as many physicians expect to make their visit to the World's Fair at this time. Chicago is but a few hours' ride from Indianapolis, and there is no more delightful time of the year in which to visit the

World's Fair than this. Holders of tickets to Chicago on any line passing through Indianapolis will be entitled to stop-over privileges at the latter point. Cheap rates will also prevail between these two cities.

The profession of Indianapolis is united in extending a cordial invitation to physicians and their familles to attend the meeting.

Reduced railroad rates will be provided, further notice of which will be given.

The secretary will be glad to receive titles from those physicians desiring to favor the association with papers. It is especially requested that these titles be sent as early as possible, in order to give ample opportunity for the appointment of leaders in discussion.

The secretary will take pleasure in giving any information in connection with the meeting.

FREDERICK C. WOODBURN,

No. 399 College Avenue.

Secretary.

The Pan-American Congress.—For the meeting of the Pan-American Medical Congress to be held in Washington, D. C., beginning Sept. 5th, the Ohio and Mississippi Railway offers a through train service which is not equalled by any other line. It is, properly speaking, the only direct through car line from the Mississippi River to Washington.

Our morning and evening trains leaving St. Louis daily, run through to Washington via the picturesque Baltimore and Ohio route, with Pullman vestibuled buffet sleeping coaches, delivering passengers in Washington at reasonable hours and in advance of all competitors.

No other line affords a double daily sleeping car service between St. Louis and Washington. Delegates and others attending the Medical Congress will be furnished full information as to reduced rates, etc., on application to G. B. Warfel, General Western Passenger Agent, at the city office 105 N. Broadway, St. Louis, Mo.

Warner & Co.'s Exhibit at the World's Columbian Fair.—In the Manufacturers and Liberal Arts Building is a department devoted to Pharmaceutical Products, in the northwest corner of the gallery. This is a prominent position because the spectator can look upon the exhibits below in a comprehensive way that clearly illustrates the magnitude of this great build-

ing of 44 acres of floor space. The exhibit of Wm. R. Warner & Co. is located in this department, Section D, 101, at the junction of two avenues. It comprises 400 square feet and consists of a pyramid 18 feet high with steps forming shelves, trimmed with gilt moulding and surmounted by a statue of Mercury. There is a four foot space on either side with seats for visitors, and a door leading to the interior. The stand is simple and conspicuous, without any attempt at a cabinet maker's display or of beautifully cut bottles. This collection comprises sugar-coated and gelatine-coated pills, flat, oval, pink, white, blue, and yellow. Compressed Tablets, Fluid Extracts, Effervescing Salts, including Bromo Soda highly extolled in sea-sickness, insomnia, and migraine.

The firm of Wm. R. Warner & Co., (founded in 1856) occupies a most prominent position in their particular line. F. Newbery & Sons, 1 and 3 King Edward Street, are their agents in London. Wm. R. Warner & Co. have branch stores 197 Randolph Street, Chicago, and 18 Liberty Street, New York.

Special Railroad Rates for the First Pan-American Medical Congress, to be held at Washington, D. C., September 5th to 8th, inclusive.

The Chesapeake and Ohio Railway from Cincinnati or Louisville to Washington, D. C., is the quickest, most picturesque, interesting and comfortable line between those cities. Their trains are vestibuled throughout, lighted by electricity and carry the latest pattern of through first-class coaches, dining cars and sleepers.

The scenery along the upper Ohio and Kanawha Rivers, through the gorges and cañons of the New River, among the peaks and valleys of the Blue Ridge and Alleghany Ranges, and over the fertile plains and historic battle-fields of Virginia, constitutes a kaleidoscopic panorama that, for variety, beauty, grandeur and historic interest, is unequalled in this country.

The rates of fare will be the same by all the lines, and while they have not yet been agreed upon, they will positively not be more than one and one-third fare for the round trip. The one way rates are as follows: from St. Louis, \$19.25; Chicago, \$17.50; Cincinnati, \$14.00; Indianapolis, \$16.00; Louisville, \$16.00.

Tickets will be sold at those places September 1st to 4th, inclusive, good to return leaving Washington as late as September 12th. Ask for your tickets "Via the Chesapeake and Ohio Railway."

If you will advise me what day you will leave any of the places named, and whether in the morning or evening, and how many berths you will want, I will reserve them through to Washington for you. Write for a copy of "Virginia in Black and White."

E. B. POPE,

Western Pass. Agt. C. & O. Ry., St. Louis, Mo.

The Big Four Route and the Chesapeake and Ohio Railway are both under the same management, therefore take the Big Four Route for points on the Chesapeake and Ohio Railway. For further particulars call on or address:

F. D. GILDERSLEEVE, City Ticket Agent.

H. I. NEWTON, City Passenger Agent.

A. J. WHITEHEAD, Trav. Pass. Agt., Dallas, Tex.

C. W. GREEN, Trav. Pass. Agt., Kansas City, Mo. Big Four Route, S. W. Cor. Broadway & Chestnut.

W. F. SNYDER, Gen'l Western Agt., St. Louis, Mo.

The Esteem of One's Fellows. — In the course of the Croonian Lecture, delivered recently by Virchow, he says (Med. Rec.): "Who of us is not in need of friendly encouragement in the changing events of life? True happiness is not based on the appreciation of others, but on the consciousness of one's own honest labor. How otherwise should we hold our own ground in the midst of the turmoil of the day? How should we preserve the hope of progress and of final victory against the attacks of opponents, and the insults which are spared to no one who comes before the public? He who during a long and busy life is exposed to public opinion, certainly learns to bear unjust criticism with equanimity; but this comes only through the confidence that our cause is the best, and that some day it must triumph. our hope in our wrestlings for progress in science and art; such is our hope in our struggles for civil and religious liberty, and in this hope we gradually become hardened against malicious at-It is a kind of immunization which, I acknowledge, has also great drawbacks, for this hardening toward unjust attacks leads very easily to a similar indifference to just attacks, and,

owing to the tendency to contradiction rooted in the nature of human thought, it finally leads also to indifference to praise and recognition. One withdraws again and again into one's self, discontented with the world and with one's self also; but who can so completely retire within himself that the consciousness of the insufficiency of human thought, and that the criticisms of opponents are justified, cannot break through the crust of even the most hardened self-consciousness? Happy is he who has courage enough to keep up or regain his connections with other men, and to take part in the common work. Thrice happy he who does not lack in this work, the flattering commendation of esteemed colleagues."

Association of Military Surgeons of National Guard of U. S.—We have received the preliminary announcement informing us that this association will meet at Chicago, August 8th, 9th and 10th hext. The Wabash Railroad affords unusual comfortsand facilities at greatly reduced rates, of which advantage may be taken by such physicians as are not members of the Associa-This is an unparalleled opportunity of visiting the World's Fair, and each one should avail himself of it. The trains which leave St. Louis daily are: one at 7:30 A. M., arriving in Chicago at 6 P. M.; the Banner Columbian which leaves St. Louis at 9 A. M. and arrives at Chicago at 5:10 P. M. This is a solid train equipped with library, dining and parlor cars, thus giving all the comfort attainable to modern travelling to its patrons. The night train which leaves St. Louis at 8:30 P. M. arrives in Chicago at 7:20 in the morning. This train is provided with buffet and has sleepers of the most modern construction, ensuring a good night's rest as well as all the comforts which can be obtained. hesitatingly recommend all our readers to patronize this line, whether it be to attend the Military Surgeons' Association or the World's Fair.

Consanguineous Marriages.—The following interesting remarks appear in the Boston *Medical and Surgical Journal*: There has from antiquity been a general belief, supported by some physiological considerations, that marriages between near relatives are likely to be followed by deterioration and degeneration in the offspring. It has been maintained that by such unions ancestral and family imperfections would not only be perpetuated, but raised to their highest potency.

That this holds good in the transmission of nervous diseases, no physician doubts; and the offspring of parents who are both markedly neurotic, will, unless favored by unusual fortifying circumstances, almost certainly be neuropathic.

A similar affirmation may be made regarding constitutional diseases, such as gout, tuberculosis and carcinoma.

Consanguinity and affinity have been at different times and in different parts of the world, looked upon as impediments to marriage between the parties related. The Roman law prohibited marriages between ascendants and descendants, between brothers and sisters, and at one time between cousins-German; and the old canon law and early decretals forbade marriages between persons as far removed as the seventh degree of consanguinity. Doubtless, on the other hand, in very early stages of society, marriages between near relatives were the rule.

The question has been asked whether, when both parents are absolutely sound and healthy, consanguineous unions are detrimental to the offspring, entailing constitutional defects.

De Sinety, in a recent work on sterility, discusses the question in the light of many interesting facts. We can, he says, only judge of the results of consanguineous marriages by the quality We have, to-day, at our disposal to decide the question, a certain number of examples which seem to be exceedingly pertinent. There are certain fishing stations on the coasts of France where the seafaring population live in the neighborhood of a rural population without contracting marriages with them. In the commune of Batz, in the Loire Inférieure, composed of 3,000 inhabitants, there has been frequent intermarrying for a great many years among near relatives of a dozen or so of fami-With regard to most of them, the relationship is of the third to the fifth degree; and yet all, men and women alike, are robust, of good stature, firm health, and the children are numerous and healthy.

Many more observations of a similar nature might be cited, from which it would appear that consanguinity of itself is not especially detrimental to the progeny. As Sanson says, consanguinity raises heredity to its highest power by causing to act in the same direction *atavism*, or the disposition to revert to ancestral qualities and individual peculiarities.

If, then, the parents are vigorous, well developed physically

and mentally, these qualities accumulate in their descendants and the influence of consanguinity in such an event is favorable to the species.

If the progenitors are, on the contrary, sickly, or present any pathological defect whatever, the hereditary vices of the two families are transmitted to posterity and the action of consanguinity is then detrimental.

Old Style Reviews.—These were more than caustic; they frequently scored. In a very readable medical gossip of former years (Univ. Med. Mag.) Dr. A. J. Hamilton says: As an example of the reviewer's art as practiced in the long ago the following may conclude this paper: Dr. Gibson was Professor of Surgery in the University of Pennsylvania. Having something to say on the subject of bronchocele he proceeds to say it, calling his brochure "Remarks on Bronchocele or Goitre." This is the way his critic proceeded to handle him: "We have, after very considerable exhaustion, got through the remarks on Bronchocele, or Gongrona. or Hernia gutturis, or trinidum Guttur, or Derbyshire neck or monstrous craw or Aubi, or Bá or Ke-ba, or disease of the thyroid gland, for which the very profound and learned Professor of Surgery in the University of Pennsylvania has, with the most unwearied industry, pointed out the above, and we don't know how many more monstrous appellations. We must honestly confess that when we read the introduction to the remarks on bronchocele we were at a loss to understand why the author had taken so much trouble to furnish so many names for this But now that we have come to write a review of his observations, we have become satisfied that he has judged more wisely what was for our interest than we did ourselves. readers will remark that although we have condensed into a small space nearly all the information which will be found in the Professor's essay, that still our author has furnished us so bountifully with titles for the disease which he describes that we have never had occasion to injure the beauty and softness of our sentences by repeating the same term twice.

"Although it be evident that the principal object of Dr. Gibson's paper is to astonish not instruct his readers, still there is a claim to a discovery most cunningly introduced. A young lady who had labored for two or three years under goitre,' consulted

He attended her for several months, and 'employed the Doctor. every remedy likely to prove of service, but in vain.' fessor finding everything useless, and growing tired of her importunities, gave his fair patient a box of cicuta pills, 'which had been prepared for another purpose.' These pills had the effect of removing the Bá from the young lady's neck in three weeks. We allow that the discovery is very modestly claimed. author concludes: 'It is possible that cicuta may have been employed before in the treatment of this disease, but I have not been able to meet with any mention of it.' We can tell the author that it is not only possible, but that it is most certain that cicuta has been used before he gave it to the importunate It is in fact, one of the commonest medicines used in the cure of bronchocele, and had our author not examined the works he has quoted, merely for the purpose of appearing learned, he would have found that it was very generally recommended. His favorite author, Mr. Samuel Cooper, recommends it.

"Although we have laughed at the absurd affectation of learning which Dr. Gibson has shown in his essay, we consider it our duty to tell him seriously, in conclusion, that his conduct is deserving of a severer criticism!" Shades of Pope and Byron, after calling a man a knave, a trickster, a pedant and a fool, add insult to injury by intimating that he ought to be kicked also! It is just possible that there was some unfriendly feeling between the author of this philippic and Dr. Gibson, but as the latter's reply, if there ever was one, is lost in oblivion, we shall never hear his side of the case."

To Regulate the Character of Patent Medicines.—The following bill was introduced into the New York State Legislature. It failed to pass, but it is an effort in the right direction, and we print it in the hope that our readers may exercise their influence with the next set of legislators in order to secure some supervision of patent medicines:

Section 1. In addition to powers now conferred by law upon the State Board of Health, said board is hereby empowered, and it shall be its duty, upon receiving a fee therefor of \$50, to cause an examination and analysis to be made, by a practical chemist, of any drug, medicine, or mixture of drugs, herbs, or medicines, commonly known as patent or proprietary medicines, and shall ascertain and determine whether the use of the same may not

endanger the public health; and it shall not be lawful for any person or persons, or corporation, to sell or offer for sale any such drug, medicine or mixture not prescribed by a regular physician, unless the same shall have been so examined and approved and certified.

Dr. William Goodell has resigned his chair, that of Gynæcology, in the medical department in the University of Pennsylvania. An Honorary Professorship of Gynæcology was created, and Dr. Goodell was unanimously elected thereto, with the right of lecturing. The vacancy created by the above resignation has been filled by the election of Dr. Charles B. Penrose.

College Announcements are pouring in at a lively rate. By a careful comparison with those issued in former years there are but few changes to note in the *personel* of the various faculties, and the same extravagant claims to superiority are indulged in by the majority.

# Local Medical Matters.

Dr. Borck's Surgical Home.—Dr. Borck has associated with him Dr. Samuel B. Rowe, recently of Rolla, Mo. He is well known to the profession as a thoroughly educated and practical physician, and is of middle age. He will have charge of all the general practice. Dr. Rowe is professor of diseases of women in the Woman's Medical College. Some one will be in constant attendance at the institution all the time. Dr. Borck, who is the surgeon of the syndicate street lines, will give all of his attention exclusively to that end of the business and his consultation practice.

The Money Market affects the doctor as well as the financier. Whilst St. Louis has had no bank failures, the stringency is markedly felt. From the numerous conversations we have had with members of the medical profession, the financial depression seems to have been felt by them. Medical services are only sought for when absolutely necessary, and, in the majority of instances, the physician is requested to "book it." A curious circumstance in connection with the above is probably a libel which a friend has mentioned. It is this: since the doctors are doing less, the undertakers are not making living expenses. We never did believe in the post hoc argument, and if the above assertion that the undertakers are doing less, it simply goes to show that the sanitary department is getting to be more efficient.

# Miscellaneous Notes.

Peacock's Bromides—Headache.—I have found Peacock's Bromides exceedingly efficacious in headache and cerebral congestion, more so by far than ordinary bromides.

39 Cecile Park, James MacMunn L. R. C. P., L. R. C. S.

Crouch End, Resident Medical Officer,

London, England, Great Northern Hospital, London.

A Successful Remedy in Treating Obesity.—A. Sandford, M. D., Everett, Mass., says: For several years I have been on the lookout for some preparation which would reduce flesh without injuring the general health, but have never succeeded in finding one. Several weeks ago, however, I received a pamphlet on the action of phytoline (the active principle of the berries of phytolacca Decandra) in obesity; and about that time a patient applied to me for a reduction in her weight. I prescribed phytoline, and directed her to take ten drops before and after the three daily meals. She has now taken about two week's treatment, and tells me to-day that she has lost 15 pounds, and that too, without making any change in her diet, or affecting her general health. I am pleased with the results, and can conscientiously recommend it.

The Morrhuolines, or Alkaloids of Cod Liver Oil.—The most important active principles of the oil are the alkaloids, discovered in 1889 by M. Armand Gautier (Professeur á la Faculté de Médecine de Paris) and one of his students, M. L. Mourgues, (Professeur á Santiago de Chili.)

Further investigations made by M. Gautier in 1891 and 1892, on chemical and physiological lines, show that the principal basis of Cod Liver Oil are:—

Amylamine	C5 H18N
Dihydrolutidine	C <sub>7</sub> H <sub>11</sub> N
Oxycollidine	C <sub>8</sub> H <sub>11</sub> NO
Morrhuine	
Nicomorrhuine	C20H28N4
Aselline	C25H32N4
Morrhuie Acid	C9 H18NO8

The last of these, while having the properties of an acid, is, at the same time, slightly basic.

The most abundant and most active of these principles are amylamine, oxycollidine, morrhuine and nicomorrhuine.

These alkaloids have all a somewhat similar action on the economy; in small doses they excite the activity of the nervous system and the intra-oxidization processes, they assist the digestive functions, stimulate assimilation and circulation, and purify the system of its impurities as is indicated by the enormous quantities of urine excreted under their influence, the acceleration of the sudoral secretions and the increased appetite provoked.

Summer Remedies.—The H. K. Mulford Company, Philadelphia, in issuing a valuable volume, says: During the past winter we introduced to the medical profession, under the head of "Resume of Winter Remedies," a number of preparations which were peculiarly adapted to the treatment of the affections common to that season. The success attending our efforts and the high appreciation and regard of those physicians into whose hands that essay was placed, together with a demand from many of our medical friends for a similar paper on "Summer Remedies," encourages us to offer this brochure. Write for this pamphlet.

A Popular New Remedy.—There are few of the newer remedies that have met with more approval from the profession than has Pichi (*fabiuna imbricata*). It has proved one of the most valuable of remedies in general vesical and genito-urinary troubles.

Among formulæ which have been prescribed in connection with fluid extract of Pichi with success are the following:

$\mathbf{R}$ .	Fl. ext. pichi
•	Liquor potass3v.
	Tr. nuc. vom
	Elix. calisayæ q.s. ad živ.
М.	Sig: Teaspoonful in hot water every four or five hours.
₽v	Fl. ext. pichi
	Elix. calisayæ
M. then three	Sig: Teaspoonful in water every three hours till relieved, or four times a day.
Ŗ.	Fl. ext. pichi       3ij.         Liquor potass       3iv.         Glycerini       3iv.         Elixir calisayæ       q.s. ad 3iv.
М.	Sig: Tablespoonful in hot water every six hours.
<b>₽</b> .	Fl. ext. pichi       3j.         Potass. nitrate       3j.         Simple elixir       3iij.
М.	Sig: Teaspoonful once in two hours.
₽·	Fl. ext. pichi       3ij.         Fl. ext. hyoscyamus       3ij.         Syrup       3ij.
м.	Sig: A teaspoonful before each meal and at bedtime.
Ŗ.	Fl. ext. pichi       3j.         Fl. ext. hydrangæ       3j.         Fl. ext. hyosyamus       3ij.         Syrup       3ij.
м.	Sig: A teaspoonful three times a day and at bedtime.

Therapeutic reports of its application and full information concerning our line of pichi preparations, will be furnished on request to Parke, Davis & Co., who were the first to introduce the virtues of pichi to the American profession.

# THE ST. LOUIS Medical and Surgical Journal.

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# Original Communications.

MEDICINE FOR THE MILLION. A Lecture Introductory to the Session 1860-61 of the St. Louis Medical College. By M. L. LINTON, M.D., Professor of the Theory and Practice of Medicine.

All mankind are deeply interested in medical science and art. All mankind are more or less skilled in the treatment of diseases, both medical and surgical. If our Father Adam cut his finger whilst pruning the green arbors of Paradise, doubtless Mother Eve closed the wound and made a very proper application to it in the shape of a fig leaf or something of the sort. And if she in her turn got a little dust thrown into her eyes—an accident to which she proved herself to be liable—Adam, no doubt, wiped it away along with a few of her tears.

That such was or would have been the conduct of the old folks we may reasonably conclude from what we know of their children. It does not take long to find out that our organization is the best that we can have; at any rate that we cannot improve it, and that any change or mutilation thereof in the way of cutting, breaking or dislocating, the ingestion of bad air or of unwholesome food, entails pain and impairs our functions and faculties. So when any such change takes place we instinctively shun its cause and endeavor to bring the parts back to their first state.

This may be termed primary pathology and instinctive art, known and practiced in all ages and all places, by saint, by savage and by sage. Though incalculable good has been done by this domestic medication, it is evident that thousands and millions have died of wounds and diseases which are now curable, owing to the advancement of science.

For many hundreds of years the practice of medicine has been in the hands of a body of men, and a few women also, educated for that purpose. That these men thus educated understand more about it than the people generally, I suppose everybody will admit; and hence everybody when he or she has received an injury, surgical or medical, unless it be very slight, sends for the doctor if one is accessible, and I believe that in most places one can be found. The doctors have got a long way ahead of the people generally on medical subjects. Popular thought seems to have gone off in the direction of theology, law and politics. Anybody feels competent to discuss election and reprobation, faith and works, "fixed fate, free will, foreknowledge absolute." Anybody will argue with you on the Cincinnati Platform, the Kansas-Nebraska Bill and the Dred-Scott Decision; but he would be a daring man who would venture to dispute with a doctor of medicine on hypercardiatrophia, paludal toxihemia, neuropathology and leucocythemia. I would suggest that the people devote a little attention to medicine as well as to the other two learned professions.

I really think that the principles of the art of healing should be taught in our schools, and that popular lectures on the subject should be delivered in our academies. They might not be so amusing as the performances of the Campbell Minstrels, or Hackett's Impersonations of Sir John Falstaff; but I am certain that they would be more conducive to the welfare of mankind.

I shall attempt to-night a specimen of the kind of lectures to which I allude, hoping to improve, if the public should have the good sense to ask me to lecture again. I have just spoken of what I called primary pathology and instinctive art, meaning by the terms the knowledge of medicine common to all mankind; that when the system is in any way deranged it does not work so well; and that the best thing that can be done is to bring it back to its former condition. This is all plain enough in cuts, fractures and dislocations, but medicine proper requires some ad-

ditional illustration. When I say that the diseases which we suffer are caused by the agencies by which we are surrounded, I may be uttering but a truism; but let us look at a few of these agents. There are cold and heat, and diet and drink, and labor and rest, and watching and sleep; qualities of the atmosphere, and the state of the intellect, feelings and passions. There are physical and moral agents in constant operation, all of which are capable of contributing to happiness and health, or misery and disease; and they are more important in a hygienic and remedial point of view than the most famed of preventive and curative drugs recorded in dispensatories or found in apothecary shops.

Cold, as everybody knows, is an extensively operative cause of Now I would advise you in the first place not to take How avoid it the people know almost as well as the doccold. Wear thick soled shoes in cold, damp weather—the cork soles are best; dress so as to keep yourselves warm; oppose furs and flannels to the wintry blast on the principle of contraria, and do not wear overcoats made of mosquito bars on the principle of But unfortunately you have caught cold; the similia similibus. bones ache, there is rheumatism, there is hoarseness and a cough, and chilly sensations, and a stitch in the side. Get warm as Don't sit in a cold draught to cure like by like. soon as you can. Take a cup of hot tea and a warm bath if practicable; or at any rate get between blankets with a warm brick to your feet.

This is removing the cause of the disease, and in the beginning this is all that is necessary to a cure. It may be truly said that mere instinct dictates this course; that we instinctively seek Very well; reason says that we should obey warmth when cold. All the better that we have such instincts. we had them not we should die for the want of water, having forgotten to drink; we might forget to eat, and so die of starvation; we might forget to breathe, and so die for want of breath. This instinct is a great thing, and it enjoys more reputation in medicine now than it did fifty years ago. It used to be thought best when a patient was burning with fever and gasping for breath to turn instinct out of the house, shut the door, slam the windows down, drench the patient with hot teas, and smother him with blankets. Cold water was proscribed where it ought to have been prescribed. What dreams and imaginings of cool, shady dells and mountain sides, and gushing springs and dashing cascades, most of these patients have enjoyed. Such treatment makes us think of the rich man in hell begging for a drop of water to cool his parched tongue. Dives did not want any homeopathic doctor; he begged for the regular treatment. Not for an additional spark of fire, but for water to cool his parched tongue.

Heat is another wide-spread cause for disease. Those who expose themselves to the heat of the sun, who use a heating diet, who take too much alcoholic drinks, are the very persons who have the diseases of the summer season, the sun strokes, bilious fevers, dysentery, etc., etc. We must avoid excessive heat and heating things if we would escape these diseases. When broken down and exhausted and diseased by heat, instinct and reason and science dictate a retreat to a cool, shady room, cold water and rest. I do not say that this is all that is necessary, but this is more important than any drug.

As heat and cold are so wide-spread in their influences, I will attempt to explain their modus operandi, not only in producing disease, but how they can be made to act as curative agents—the one curing the diseases caused by the other. We are walking furnaces ourselves; our wood or coal is our food and drink, which both repair the stove and keep it warm. A part of our food is burned off in the body just as the wood or coal is burned in the stove. The heat thus generated keeps us up to the living point. Woolen clothes tend to keep in the heat as they are non-conductors; hence their value as antagonizers of cold. Some kinds of food and drink are much more heating than others. Flesh and the fats, wines and alcoholic drinks, are more heating than vegetables and water.

These statements explain the fact that fiesh and fatty foods are needed by the natives of cold latitudes. In addition to the furs in which they wrap themselves they consume a large quantity of fatty food to keep up a sufficient degree of animal heat; and in accordance with the harmonies of nature the appetite demands this sort of food. The Kamskatschan will drink a quart of fish oil at once, and fill his pockets with tallow candles to eat as a snack between meals. Alcoholic drinks also within moderate bounds are beneficial to people exposed to intense cold. They furnish the fuel which, combining with the oxygen of the air, keeps up animal heat. The food and drink generate the heat;

the clothing prevents it from passing off. It is clear that in hot climates and seasons such food and clothing are not necessary; only light clothing, fish and vegetables are necessary here.

Man, by adapting his mode of living to the temperature, may become acclimated and enjoy health and happiness either under a tropical sun or amid Siberian snows. It is the sudden change that is dangerous. The natives of Cuba carried to the frozen shores of the northern sea would soon perish of cold. But southern folks are not apt to seek the north—all that they demand is a punctilio—the liberty to go thither if they wish; they will never go. They prefer the genial heaven and the fruitful earth, whose almost spontaneous productions supply them with the necessaries of life. Besides, the intense heat renders them averse to activity and toil.

It is the hardy, restless northerner that invades the south. The northern Goths and Vandals invaded Italy and Spain, and "Spread beneath Gibraltar to the Lybean sands." Great Britain sends her fleets and armies to the East and West Indies; the French invade Algiers; thousands of northerners visit New Orleans and the other southern cities every year. So that the means are ample of observing the effect of a change from north to south—from cold to heat.

The result has been found to be: the bilious fevers, the congestive fevers, yellow fever, cholera morbus, etc. This is explained by the fact that the rich food which was necessary to keep up animal heat is not necessary in the south. The matters which in a cold region would be burned off, remain in the blood, and render it venous and bilious in the warm one. mainly a hydrocarbon; that is to say, a rich, fatty substance which in cold weather is burned off to keep up animal heat. weather it remains in the system and causes bilious diseases, and this is the reason why we have these bilious diseases in the hot seasons rather than in the cold. These diseases come in summer and disappear in winter. You may reasonably ask: may we not, in passing from the north to the south, from winter to summer, so regulate our diet and drink and clothing as to escape the diseases of hot weather? This is the very question that I wish We may do this. The way to avoid the diseases of New Orleans or Cuba, if business or inclination leads you thither, is to adapt your food and clothing to the exigencies of the climate—your food must be light and mainly vegetable; the rich meats and fats are too heating; alcohol must be dispensed with only light wines must be used; the clothing must be light; exercise very moderate, and the intense heat as much as possible Such is the rationale and the means of securing the health of armies and individuals passing rapidly from the north The same precautions are necessary in passing to the south. from winter to summer; an opposite course must be observed in passing from hot to cold climates—from summer to winter—otherwise you will be chilled by the dense cold air. The oxygen inspired will soon burn off your scanty nutrition; your food must be richer and increased in quantity. Furs and flannels must take the place of summer clothes, and wine or lager beer must be used if the appetite and digestion should be weak and imperfect. Old-fashioned travelers of a cold day will stop occasionally "to wood" as they call it. In other words, to take a dram. known them "to wood" when the weather was not overly cold, and oftener than appeared absolutely necessary. wondered how they came to use so expressive a term; for the alcohol, as I have already said, is burnt off in the system and thus causes unusual heat. The danger of this sort of feed is that the engine sometimes gets too fond of it and "burns out its copper." Rich food is enough for persons in health; and only for those who are delicate and have feeble digestive functions I would write the prescription that St. Paul sent to Timothy: "Take a little wine for thy stomach's sake and often infirmities." Let me conclude this part of my subject with the remark that hot weather causes sun-stroke and the congestive and bilious disorders, cholera, etc., and that over feeding and drinking tend in the same direction; whilst cold weather and a meagre diet produce the rheumatisms, lung inflammations and consumptions.

Go south to get rid of consumption; north to get rid of jaundice. I would like to enter more into details on this subject, but time does not permit. If you wish to know more you must consult a doctor—only a dollar or so a visit. In speaking of cold and heat, I have incidentally discussed food, drink and clothing.

Perhaps there is no more important hygienic or curative measure than a well-regulated diet. People ought to take time

e for the Million.—Linton.

to chew and to swallow; for well chewed is half digested. sidering the importance of mastication, the loss of the teeth is to be deplored. But a good cook can render chewing almost The importance of good cooking can hardly be over-estimated. Bad cooking has shortened, good cooking lengthed, many a life. It is of more importance to teach young ladies how to cook than to teach them with many colored threads to work Hagar and Ishmal, or even Abraham and Sarah, on pieces The discoverer of a new dish is worthier of human gratitude than the discoverer of a new planet. Minced meat or hash is a good dish for persons deficient in teeth. But there is a drawback about hash-faith is required in regard to eating it-no telling what may be in it. The cook should be a person of undoubted honesty and piety. She should watch "as a refiner of fire and a purifier of silver," otherwise other things may get into the mess than those desired. Now and then an unfortunate fly, like Quintus Curtius, who leaped armed and equipped into the chasm of the Forum; or another ancient hero, who cast himself into the blazing crater of Ætna—perhaps into the seething cauldron. witches' hash, immortalized by Shakspeare, was an infernal mess; and it has perhaps contributed to the unpopularity of what is an admirable dish when honestly prepared. What has been said of hash may be applied to sausage, with a little additional intensity.

Exercise abused is another cause of disease. All that I shall say about it is, that when you are fatigued, almost broken down, when the muscles are sore and the very bones ache, the best thing you can do is to rest yourselves. Sleep is the remedy for diseases induced by watching; food is the remedy for disease induced by starvation; contraria contrariis not similia similibus.

If there is any one thing more ridiculous than any other thing, it is to see a grown-up man pretending to cure disease with infinitesimal globules. This would do well enough for children's play—well enough for those miniature women and men who sport wax dolls and lilliputian tea sets, dumb watches and wooden ponies. Those little apes of fellows who travesty even the pomp and circumstance of war; whether marching and counter-marching, their red flannel flags, tin pans, whistles, and corn stalk guns—should these saucy mimics turn their attention to medicine,

I would advise them to procure Hahnemann's dilutions, and in addition to the fun of the thing I promise them that they shall be as successful as the best homeopath in town.

Diseases are caused by potent agents, and it would be contrary to all analogy to suppose that they would be cured by the tenmillionth of a drop of anything.

The truth, the great truth, the great principle which I wish to inculcate is this: That far more is to be done in the prevention and cure of disease by regulating the agencies by which we live, as our air, our food, our temperature, clothing, exercise, sleep, etc., than by the apothecaries' drugs. Most people are in error on this subject. Patients come to me for a prescription for medicine to strengthen them, and are astonished when I recommend good food and a glass of wine; they are dissatisfied unless they get something like anthemis nobilis, extractum colocynthidis, or pulvis podophyllum peltatum.

Do not infer from this that I underrate drugs. They are in many cases useful; in many cases indispensable. We could not do without opium and its drowsy syrups in cases attended with sleeplessness and pain. The lethean influences of chloroform have saved the world many a torturing hour and many a dolorous groan. We should feel comparatively powerless without quinine. The mercurials are most potent remedies in chronic inflammations. The quick emetic, the rapidly-acting antidote, save many a life. I might continue the list, but it is unnecessary. What I have said must suffice for the material, the corporeal aspect of our subject.

I enter the realm of the intellectual, the moral, the immaterial. We have minds as well as bodies. We are subject to variations as well in our moral as our physical impressions, and it behooves us to be as careful in regulating the former as the latter. The intellect may be over-wrought, the passions may run riot, and thus lead to mental and bodily diseases. Children are made idiots by exacting parents and school-masters. The indulgence of inordinate passion leads us certainly to disease, as gluttony or the breathing of foul air.

Jealousy has been called a green-eyed monster. It is a melancholy and bilious sort of passion. The homeopaths say that it can be cured by the extract of hyoscyamus, but I doubt the truth of the assertion. It can be more certainly cured by removing its cause.

Envy is closely related to jealousy. It is a sickly feeling and tends to derange the digestion and other functions. occasioned epilepsy and nausea. Anger, hatred, grief, take away the appetite and thirst, and in other modes contribute to Fear blanches the surface and leads to internal conges-In a word, whatever depresses the spirits leads to disease. Read a letter containing bad news, and then to breakfast, with what appetite you have! Debt and hard times, the loss of property, friends and reputation, are very unwholesome things. Going security is decidedly insalubrious. Party politics are not Politicians are very often sick; perhaps conducive to health. from the over-stimulation of the intellect and the passions. Mirth is favorable to health. I would advise melancholy persons to see Ben De Bar or Robert Macaul and the comedians generally, and to lose no opportunity of exposing themselves to the causes of laughter, recognizing the truth of the proverb, diverb, adage, maxim or saying, or whatever you choose to call it, of "laugh and grow fat." Cachinatory concussion contravenes chronic congestion, sends the sparkling blood through the dancing arteries, and kindles the glow of health on the shrunken faces of sadness.

Music is soothing and healthful. David's harp charmed away the melancholy of Saul. Old Timotheus with his lyre swayed the passions of the conqueror of the world. The nurse's song lulls the suffering infant to sleep. Orpheus is said to have moved even the rocks and trees, and to have sung Eurydice out of hell; but you need not mind believing that.

Joy is a good thing; but it is said that too much of it at a dose is rather hurtful. The door-keeper of the Continental Congress died of joy on hearing of the surrender of Cornwallis. But it may be truly said that joy was never a drug. The market of the world has never been over-stocked with it.

Hope is one of the best articles in the moral materia medica, and it is accessible to almost everybody. It seldom yields to despair. When Pandora opened the precious box of heaven's gifts to man, all its contents evaporated, save only Hope, which remained to charm and to cheer the world. Benevolence, good will to mankind, is conducive to health. The angels' song was "Peace on Earth to Men of Good Will."

Charity, the satisfaction of duty performed, and contentment,

contribute to health and longevity. A reasonable and calm survey of the world is a potent check on the base, depressing, disease-producing passions. The philosopher, such as Socrates, Plato or Seneca, estimates things about as they deserve. Wealth and the world's applause are well enough, but they are very precarious; and then life is so short, when men acquire them the startling idea obtrudes itself that their enjoyment is transient—not be thus suffices, "but to be safely thus."

Though it is human nature to desire these things, they are hardly worth breaking our neck for. They rarely pay the toil and anxiety occasioned by their pursuit. They are like Dr. Johnson's show, worth seeing, but not worth going to see.

We all seek happiness in some way or other. Some place the bliss in action; some in ease; those call it pleasure and content-I should place it in a reasonable combination of the two; reasonable effort to acquire the things of the world, and contentment with one's lot. If we but knew the annoyances, the troubles, the vexations of those who rank above us in the social scale, we should envy them less. They have but exchanged the quiet valley for the stormy mountain height. You will find more contented-looking and happy faces amongst a group of laborers taking their frugal meal under the shadow of a wall than amongst the merchant princes on 'change. Thank God that the blind beggar can dance and the cripple sing, and that the world's great majority, the poor, are as happy, to say the least, as the minor-They have more courage, too, than the pampered children They bear the ills of life with less whining and reof fortune. Often I have looked on their calm, heroic faces in adversity and suffering, and thought that they were surely the They exhibited what, were I going to write favorites of heaven. about it, I would term latent sublimity, more pleasing doubtless to God and good angels than the public benefactions and sacrifices chanted by poets and panegyried by orators.

Think you that you would be happy with ten thousand dollars more? You would want a hundred thousand worse than you did the ten. Had you millions, you would set for an aristocrat and have servants in livery. Were you a duke, you would sigh that you were not a prince or king. If a king, that you were not an emperor. If Napoleon, you would be discontented that your empire was not as large as that of Russia. If you owned the

world, you would fall out with Prof. Mitchell and the other astronomers for telling you how very small it is compared with some other worlds. Before you had gone so far as this, however, ten chances to one you would commit suicide because you had To covet, to envy, to hate is base, unreasonbeen so successful. able and unwholesome. The man who has unsettled you is probably sorry for it, but has not the courage to ask your pardon. The slight which made you sleepless may have been uninten-The evil you apprehend is nearly always imaginary. you have led an honest life and paid your debts, the shafts of slander would fall harmless at your feet. Even if your record is not immaculate, despair not; do better for the future. The loss of a part is no reason why all should be thrown away. man has done badly all his life, it is no reason why he should not put the best foot foremost even in walking from the prison to the gallows.

Dissapointed love! Pshaw! Let the girl follow her fancy. "There are as good fish in the sea," etc. Moreover, has she not a right to a choice as well as you? If you have to beg her, she may not be pleased with you afterwards when the knot is tied—the women have a right to at least half the courting. A scolding wife! Are you any better than Socrates? Besides, scolding sometimes mends bad habits, just as a blistering plaster cures a pleurisy.

Constituted as the world is, I do not pretend to say that we can always avoid excitements and depressions of the mind which may injure health any more than we can at all times avoid the material causes of disease. The school boy will now and then pine and sicken when memory reverts to the loved ones at home. The intrepid Swiss who guards a foreign throne sometimes weeps, and even "sinks a martyr to repentant sighs," if a chance note of the kuhreigen remind him of the sweet, wild music of his native mountains. The captive Hebrews sat down and wept by the waters of Babylon when they thought of Zion.

We can hardly always avoid taking an ague. Sometime or other most persons have to suffer some way or other in their journey from the cradle to the coffin; yet they can do a great deal in the way of avoiding both the moral and physical causes of disease.

We sometimes render ourselves and others miserable by our

petty discontents and repinings—we are wantonly unhappy—we find fault with and are annoyed by what is none of our business; and, what is not so bad either, we grumble at getting grey or losing a tooth—at a rainy day—at the dusty streets—at the crops. We curse at Jack Frost for bursting a water pipe. We find fault with the cook if dinner be a minute behind the time—the hash is not made right. "If there is coffee, give me tea; if tea, I prefer coffee." The more sensible way is to be a little more stoical—let the world wag. Let it rain and snow just when it pleases.

Then there is the hypochondriac moping about because he has not a good appetite. He sighs over a sour stomach; feels his own pulse; notes every feeling and worries his friends with symptoms as numerous as St. Anthony's devils. Look up, my friend! Change that old thread-bare black coat. It looks like it had the hypo. itself. Put on a jaunty frock of olive, or "a long tailed blue"—wear a better looking hat—get new boots, a handsome vest and an unexceptionable cravat. Spruce up! Now look into the glass! Don't you feel better? If you do not, I would advise you to travel. But remember, all the time that night turns to day, winter gives way to spring, storms die in calms; and that distress and suffering, when borne with manly fortitude, are often but the harbingers of happy years to come.

How careful should we be in our intercourse with our fellow beings that we excite no unhealthful feeling. An unkind word may excite disease. I read but the other day of a young lady who died of mortified feelings, from having received an insulting valentine. The poet John Keats was killed by an article in the Edinburgh Review. Paper bullets are sometimes as fatal as leaden ones. Lawyers stand abuse and ridicule better than any other class of men—this is explained by the fact that they become gradually acclimated to it.

The sick especially need cheerful, sympathizing looks. It half cures them oftentimes to know that they are cared for; and it is enough to make anybody sick to feel that he has no friends. When the mind is cheerful and courageous, the body more powerfully resists the causes of disease than when it is depressed and despairing. "Man but a rush against Othello's breast and he retires." The wounded of retreating and defeated die in greater proportion than those of victorious armies.

The excessive exercise of any faculty of mind may cause disease; but the principal moral causes are the depressing passions which we can to great extent favorably modify in ourselves and in others. Everybody can be a physician here. Pleasant counterexcitements of the mind are often of more service than mustard plasters and cupping glasses. If people were always very kind to each other there would be less sickness. The Saturnean age of peace and justice was one of health. The pure atmosphere of charity is invigorating and salubrious. The moral is more excellent than the physical world. Mind is more excellent than matter; and for this very reason its abuses bring down greater calamities than earthquakes and tornadoes. The chaos and anarchy of intellect and passion is worse than floods and volcanic eruptions. Think you that there was much health in Paris during the reign of terror? When the guillotine marked with its bloody clickings the passing hours; when the gutters ran red with human gore; when withered murder hied nightly like a ghost towards its victims; and when even innocence in its closet was sought out by the burning eye of vengeance! No drugs were equal to the minds diseased of that devoted city.

Our physical world is beautiful enough sometimes; but it is inferior in its charms to the moral world, as God designed the moral world to be as the flowing rivulet that lulls us with its The woody mountain slopes, the green meadows and still waters, sky and earth are pleasant to look upon, but they are devoid of sense and affection. The brave old oak that stretches her wings over us, as a father uttering a blessing, is but a giant idiot. You may prate about the stars and the moon, and all that sort of thing. I have nothing to say against them; but they are hardly so poetical and sublime as patriots, poets and They hardly come up to George Washington, Marco Bozzaris, Patrick Henry, Burke, Homer and Milton. They are not so beautiful as the women and children—not so pleasant to look upon as the faces of love and friendship. Could the dumb, irrational universe of matter sympathize with us, how it would rise in our estimation. Suppose that the brook hummed its running lullaby just to please us! Suppose that the planets knew our names and smiled on us with affection, as the poets feign the moon smiled on Endymion at Caria; and for his sake caused her chariot wheels to be stayed at Patmos! Suppose that the rose looked pretty and blushed to inspire us with delight; and not merely because it could not help itself! Suppose that the birds warbled as much for our sakes as their own (by-the-by, maybe they do)! Suppose all this and more; and yet the intellectual and moral world of human thought and affection would still be foremost in sublimity and beauty. One soul outweighs all the astonishing magnificence of intellectual creation. The kind affections are more genial than vernal suns and dews of Hermon. The genius that scans the heavens surpasses all their glories; and triumphant goodness, rising above everything else, makes man a demigod, and approximates him to the infinite source of perfection.

To sum up, or to state our thesis in different words, I would say that sin is rather unhealthful; the way of transgressors is hard; sorrow, regret, remorse, apprehension, possess the evil doer. He walks forth on an arid earth and beneath a frowning sky. It is better to sleep with the murdered Duncan than bear the written troubles of the brain, the scorpion's stings of conscience, and ever present despair of the guilty Cawdor. I speak not now of a hereafter, but only of the effects of evil deeds in this world. I am not preaching. I speak of the wages of sin only as causes of disease. Many there are who would "jump the life to come" if they could but escape retribution here. "But in such cases we still have judgment here."

There is a consolation, however, even in sufferings, the result of crime. Such sufferings are medicinal. They help to cure us; to pay off our debts to eternal justice. They operate to the benefit of the criminal, just as bodily pains tend to the cure of disease. The burning fever eliminates the morbific material which causes it. The painful inflammation expels the corroding thorn. The surgeon's knife is an instrument of mercy. And so also the uses of adversity are sweet. In the moral as in the physical world, we must suffer the penalties of violated law. Repentance, sack cloth and ashes are the remedies here, as necessary to the King of Nineveh as to the meanest of his subjects.

By groanings and sufferings we are paying off, not only our own debts, but those contracted by our fathers. This is surely a consolatory thought. Precious are the sighs of the criminal the awful night that precedes his execution. Who knows but the pains of the scaffold may complete his expiation? God foresee-

ing that the great work of creation would be marred by sin, so constituted it that it might in a great degree correct itself; so constituted the body that by a suffering reaction it might cast off its diseases; so constituted the soul that by contrition and pain it might expiate its crimes.

It seems, however, that we are all obliged to die whatever the reason is. But death may not be so great an evil after all. imitate death every night. The occupations of the day fade from our thoughts. In a moment we are boys again. We meet and talk with parents, and brothers, and sisters, and friends, long since dead and gone. Not at all affrighted, we pass seas and continents, soar through the air and enter the company of the good and the great, the heroes of the past, as though all this was on our programme. Suppose we die during such a sleep, there would be no sudden, no frightful change. It is all the same, sleeping or waking; for the mind wanders from earth and becomes accustomed to other things before the body is cold. When leaving home for a pleasant trip you put out the fire, and shut up the windows and doors, and the house looks lonely and desolate. But you are not suffering. You have gone to the seaside, or "to the hills, to the hills away." So let no atheist suppose that because the body is cold and the senses shut, the spirit is not enjoying itself in a happier state. But is there really a life hereafter?

The world at present is darkened by an eclipse of faith. materialistic philosophy has pronounced death to be an eternal sleep. Is it then possible that the bright and glorious rewards of virtue, promised by philosophers as well as divines, are but an unsubstantiated mirage looming above the horizon of life's desert? Is it all a cheat and a lie, the mere fabric of a hallucination? If so, the heavens and the earth are bogus; creation a hoax; and man, its reputed lord, a practical joke. itself but an empty name. But this cannot be so—such a view is unscientific and unreasonable. The universe is not a bogus affair; creation not a hoax; and man not a jest. The spiritualists have afforded to the world as much evidence of a future state of existence as the testimony of one risen from the dead.

I know that some persons regard remarks like these as out of place in scientific lectures. I follow my own notions in regard to such matters. Some folks think it unscientific to speak of God. They think to nullify him, but I tell them that they will

Science cannot comprehend God, but find it a difficult job. How came man and all things into neither can it ignore God. existence? The veriest materialist admits that there was a time when neither men nor the lower animals existed; when the earth was "without form and void" of living beings. How came all these into existence? Evidently in a miraculous manner by the power Reason and science, in their plodding exof a great first cause. plorations back through the concatenation of causes and effect, come to a stand-still in the presence of the miracle of creation no greater miracle required to exclude an end than to give a beginning. It is no stranger that we should live forever, than that All things considered, I suppose we may we should live at all. set it down as certain that we shall survive the grave. We talk of modern progress; but is the world marching forward in the higher aspects of humanity? Has it progressed in the evangelical counsel, the four cardinal virtues and the seven gifts of the spirit of truth? Or, has it not rather progressed in the seven deadly sins and the crimes that cry to heaven for vengeance? it worthier than the ages of the past of the beatitudes pronounced in the Sermon on the Mount? A truthful answer to these questions would be unfavorable to times on which we I charge the spirit of this age more than that of have fallen. any other age with treason to God and the enthronement of mammon in the hearts of men. It has degraded virtue and It has paralyzed friendship; thrown cold deified selfishness. water on charity, and frozen the generous impulses of the soul. All this! it has done more, far more, than a dozen middle ages Such is the wind which has been sown; what kind of darkness. of a whirlwind the future may reap remains to be seen. portion as that philosophy prevails which says there is no God and no hereafter, will intellect become the mere tool of passion. When the gratification of the senses and passions is regarded the chief good of man, look out for progress in the way of false keys and other burglarious appliances. Look out for cunning artifices to defraud and swindle. Look out for splendid counterfeits on all the banks. When passion rules, might will be the measure of right, "and he may take who hath the power, and he may keep who can." Covetousness, pride, envy, jealousy, hate, revenge, aggression, fillibustering and "other dogs of war" are the legitimate offspring of this philosophy.

The world has made great progress in material things. New motive powers and mechanical contrivances have been discovered. Steam and the telegraph have triumphed over matter, space and time. I should be glad if we had fewer blowings up and breakings down. But it is of more importance to tame and guide the passions than to harness and direct the lightning. What is the good of our schools and colleges, if we but sharpen the intellect without imposing the restraints of religion and morality? We but render the rising generations dissatisfied with their lot, and quicken their godless energies in a dangerous direction.

The moderns have progressed wonderfully in the mechanical, but not in the higher and more ennobling arts. They are not ahead of the ancient sculptor, nor of Raphael, Titian and Guido in painting.

They hardly surpass their fathers in greatness of soul, though ever so far in advance of them in the way of reaping machines, threshing machines, sewing machines, and labor-saving contrivances too numerous too mention. I understand there is a milking machine, and that the cows are very much tickled with it. I said to a friend the other day, that the next thing would be a burying machine. He answered me, smilingly, that I was behind the times, and handed me a copy of the Scientific American containing a wood-cut and a description of an already-invented burying machine. It is a queer looking thing, and seems to be a sort of compound of an old-fashioned windlass and a trundle-This looked to me like running progress into the ground. Doubtless, the slow and solemn-moving plumed hearse will be dispensed with, and we shall have steam engines to run us to the grave-yard at the rate of a mile a minute. We shall be buried by steam one of these days. The world is in a hurry. no time to tarry. It don't pay to have your slow funerals. shall yet have tubes like water-pipes leading to our cemeteries, and shoot the dead through them like wads through a pop-gun. This is well enough, if the dead rise not. If man is but an animal, let "the maws of kites" be his monuments.

I hear that Egypt is progressing very much of late. There is even a railroad in the land of the Ptolemies, and the Egyptians employ the shrouds and bodies of their embalmed dead as fuel for the engines. The bodies of the Pharoahs, carefully embalmed and laid away in costly sepulchres by pious hands four

thousand years ago, are dragged forth to make fire-wood. Did Cleopatra think she would ever come to this? What immense progress that modern Egyptian housewife has made who can, in the full blaze of the latter half of the nineteenth century, say to her servant: "Bring in three grown mummies to keep up the kitchen fire, and just split up a baby or two for splinters, for me to boil the tea-pot." I have no fault to find with material when subordinated to moral progress. Let man have all the power over matter and its forces that he can have, but let it be guided by the cardinal virtues in their highest degree of development.

Finally, I would mention religious melancholy and superstition as a cause of misery and disease. Some folks have an awful dread of the devil; but according to the Bible he is not very "Resist the devil, and he will flee from you," is the An enemy that runs away so easily language of inspiration. should not be the cause of much disquietude. That man or woman is already crazy or attaches a little too much importance to him or herself who supposes that he or she is an especial object of God's wrath; for His mercy is above all His works. Hear whe the great St. Augustin says: "Though Cain cry out in the anguish of his soul, 'My punishment is greater than I can bear; 'it is not so. Thou liest, Cain! God's mercy is greater than thy sins." A greater than St. Augustin has said: "Blessed are they who hunger and thirst after righteousness." Not only blessed are the righteous, for of them there may not be a very great number; but blessed are they who desire to be righteous which, I trust, applies to most of us.

There is no reason for despair in this glorious world of ours. There are bodily and mental pains, but even these tend to our relief. If we do about half as well as God in His goodness has given us the power to do, we shall not fare very badly. It would be better to do the best we can, for then we would "make assurance doubly sure, and take a bond of fate." We then might "tell pale-hearted fear it lies and sleeps in spite of thunder." Permit me to close these rather desultory remarks by exhorting you to do the best you can in avoiding the causes of bodily and mental suffering, and in bearing them with fortitude when they are unavoidable; remembering that these sufferings themselves tend to their own relief. To each and every one of you I would say:

"When thy light heart is beating Within a joyous breast, And happy hours are fleeting To him with fortune greeting, Look up and do thy best.

"When fortune's smiles are failing,
And cares the mind infest,
Oh! give no time to wailing—
"Tis weak and unavailing—
Look up and do thy best.

"When sin thy peace hath riven, And marr'd thy spirit's rest, Despair not—look to Heaven, For thou may it be forgiven. Look up and do thy best."

UNITED CONFEDERATE VETERANS. IV. OFFICIAL REPORT OF JOSEPH JONES, M.D., LL.D., of New Orleans, Louisiana, Surgeon General of the United Confederate Veterans, embracing the period extending from April, 1892, to July, 1893.

156 Washington Avenue, Corner Camp St., New Orleans, La., July, 1893.

To Honorable John B. Gordon,

General Commanding United Confederate Veterans, Birmingham, Alabama.

General: I have the honor to submit the following results of my labors, in behalf of the United Confederate Veterans, during the past year, February, 1892, to July, 1893:

The third annual meeting and reunion was held in New Orleans, La., April 8th and 9th, 1892, and my labors up to this date were submitted to the general commanding, and form a portion of official report of the minutes of the third annual meeting and reunion, as reported and published by General George Moorman, Adjutant-General and Chief of Staff.

At the third annual reunion in New Orleans, Louisiana, 189 organized camps of United Confederate Veterans were represented, and a number of camps have since been organized, bringing up the total number to 251.

It is to be hoped that the entire South will at no distant day be covered by the camps of those Confederate Veterans who have survived the casualties of the bloody conflict (1861–1865) and the ravages of time. It is of great importance that each camp should be thoroughly organized, and its organization placed in permanent form by publication.

The medical officers should be known by, and at all times be accessible to, the individual members of his camp, or soldiers' hospital or home. The medical officers of the individual camps and organizations should be known to each other, and to all the veteran soldiers, in order that every sick and disabled Confederate Veteran, at home or abroad, may at all times and under all circumstances enjoy the skillful and humane attention of our beloved and benevolent surgeons.

Upon the last analysis, the great objects of our noble association are:

- 1st. The preservation of the story of our heroic struggle, with its victories, defeats, disasters, privations and sufferings.
- 2d. The relief of the sufferings, diseases and wounds of the veterans of the Confederate army and navy.

These grand results can be accomplished only by thorough organization and generous co-operation.

As we march along the great highway of time, our ranks are daily thinned by the darts of death.

Since the formation of this union of Confederate Veterans, Commodore Hunter, General G. T. Beauregard, General E. Kirby Smith, and President Jefferson Davis, our great captains, with a host of brave officers and soldiers, have answered the last call.

As the Confederate Veterans lay their white and hoary heads on the bosom of the earth that bore them, the hand of no paternal government with its millions of pensions relieves their wants, soothes their death-beds, or marks with the historic marble their resting places.

The privilege of supporting the sick and destitute veterans and immortalizing their heroic deeds, by the historic marble and bronze, is enjoyed alone by their surviving comrades and confederates.

Much may be accomplished by organized effort, and to the end that order and efficiency may be secured, I have, as Surgeon-General U. C. V., addressed the following circular, No. 3, to the commanders of each individual camp.

JOSEPH JONES, M.D., LL.D.,
Surgeon General, U. C. V.
Office and Residence.

156 WASHINGTON AVENUE,
Cor. of Camp St., 4th District.
Telephone 1065. NEW ORLEANS, LA.

## CIRCULAR No. 3.

NEW ORLEANS, April 9th, 1893.

	COMMANDING CAMP NO
	Sir:—
	The officer in command of Camp No is pectfully requested to fill this Circular, No. 3, with the desired a, and return to the office of the Surgeon-General U. C. V.
1.	· -
2.	Officer in Command
3.	Medical Officer
	" Rank in Confederate Army
	" Dates of Commission in Confederate Army
	" Place of Service
	" Nature of Service
	Remarks
•••••	• · · · · · · · · · · · · · · · · · · ·
4. 5. 6.	Number of Members of Camp No
7.	Nature of Injuries
8.	Number of Indigent Confederate Soldiers attached to Camp No.
9.	Number of Widows of Confederate Soldiers Supported by Camp
10.	Amount of Money annually appropriated by Camp Noto the Support of Confederate Soldiers
11.	Amount of Money appropriated by Camp No to the Support of the Widows of Confederate Soldiers to
12	Location and Capacity of Soldiers' Home Supported by Camp No.
	Respectfully your chedient servent

Respectivity, your obedient servant.

JOSEPH JONES, M.D., LL.D,

Surgeon General U. C. V.

From the replies of the individual camps I have consolidated the following table, giving information upon these points:

- 1. Number of camp.
- 2. Location of camp.
- 3. Commander of camp.
- 4. Medical officer.
- 5. Rank of medical officer in the Confederate army.
- 6. Date of commission of medical officer in the C. S. A.
- 7. Number of members of camp.
- 8. Number of deaths since organization of camp.
- 9. Number of disabled Confederate veterans.
- 10. Number of disabled and indigent Confederate veterans supported by camp.
- 11. Number of indigent widows of Confederate soldiers supported by the camp.
- 12. Location and capacity of soldiers' homes supported by camp.

Circular No. 3, with the necessary carefully directed envelopes for their return to the Surgeon-General's office in New Orleans, were directed to 251 camps (registered) of United Confederate Veterans on 8th of April, 1893, and subsequently, and in many cases a second circular was sent to those camps from which no reply had been received.

Up to the 10th of June, 1893, only 100 camps had replied and returned circular No. 3 duly filled with the required data.

These 100 camps represented a little less than 10,000, or more accurately 9,822, Confederate Veterans. Each camp contained on an average about 100, or more accurately ninety-nine Confederate Veterans.

If each of the 251 camps now registered contain on an average 100 veterans, then the total strength of the United Confederate Veterans would be 25,000. We have reason to believe that a much larger army of surviving Confederates is to be found in the States, North and South.

The reports of 100 camps show only 275 disabled Confederate soldiers, or less than three per cent. of the total number attached to these camps.

During the period which has elapsed since the formation of these camps, the number of deaths reported was 471, or less than five per cent. of the total number. The disabled and indigent soldiers as well as the indigent widows of the Confederate soldiers supported by the individual camps amount to an insignificant number.

These statistics are interesting as indicating the independence and substantial thrift and prosperity of the Confederate Veterans throughout the South. They have clear consciences and are able to maintain their wives and children and pay the enormous taxes imposed by the pensions of their conquerors, and at the same time to do fitting reverence to their distinguished dead, and to erect noble monuments to their beloved chieftains.

We note an absence of a proper number of medical officers in many of the camps, and urge their immediate election or appointment by the individual camps. We would suggest the election by each camp of one surgeon with the rank of major, and two assistant surgeons with the rank respectively of captain.

The officers thus elected by the individual camps should hold office throughout life, or as long as they may be willing to yield their gracious and gratuitous services to the sick and disabled and destitute Confederate Veterans, subject to removal only for due cause.

The surgeons and assistant surgeons elected, chosen or appointed by the individual camps should be duly commissioned by the Commanding General, and should constitute the permanent standing medical corps of the United Confederate Veterans. Each camp should preserve a hospital register of all the sick and wounded treated, giving full particulars of all wounds or injuries, how or where or when received, with the detached statements of the Confederate Veterans of the circumstances of the battles or skirmishes in which said wounds were received. Each surgeon in charge of a camp or soldiers' home should prepare and forward an annual report relating to the sick and disabled veterans to the Surgeon-General.

The consolidated report of the labors of the medical corps thus constituted should be submitted by the Surgeon-General in his annual report to the United Confederate Veterans.

We also urge upon the United Confederate Veterans assembled at this, the fourth annual reunion, the necessity of conferring upon the Surgeon-General the power to effect a thorough and permanent organization of the medical department, by approving and confirming his efforts in behalf of the U. C. V., and by conferring upon him the power of appointing one or more medical officers, medical directors and medical inspectors, with the rank of colonel and lieutenant-colonel in each southern State, namely: Arkansas, Alabama, Florida, Georgia, Indian Territory, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Texas and Virginia.

The Surgeon-General should be clothed with power to fill vacancies on his staff, and to apportion to each staff officer such inspection and medical duties as he may deem best for the relief of the sufferings and the advancement of the hygienic and sanitary interests of the Confederate Veterans. Each camp or soldiers' home should preserve:

- 1. Roster of its officers and members, giving name, nature and place of service, date of commission in the Confederate army or navy, nature of wounds, and date and circumstances of reception.
- 2. Hospital register containing names and description of sick and injured, and results of all post-mortem examinations, and a record of all deaths and their causes. The discharge of difficult, responsible and benevolent duties appertaining to honorary positions without pay must rest upon the patriotic interest of the officer, whose highest reward must be sought in the approval of his comrades and the satisfaction in being used as an instrument for the relief of human suffering.

Permanency appears to be essential to the success of labors relating to the relief of the world and sufferings of man, and the gathering and preservation of important statistics, illustrating the extent and nature of the sufferings and losses by battle and disease of the Confederate soldiers.

With great respect and high esteem, I have the honor, General, to remain your obedient servant,

JOSEPH JONES, M.D., LL.D. Surgeon-General United Confederate Veterans.

The Price of Opium is steadily rising in consequence of a diminution in the area of cultivation in Asia. It is thought that the price on the London market will soon reach five dollars a pound, an advance of about fifty per cent.

PROGNOSTIC APHORISMS. (From the French of Dr. Gabriel Reignier. Translated by Chas. Everett Warren, M.D., Boston, Mass.)

#### [CONTINUED.]

#### TETANUS.

- 186. Traumatic tetanus is rarely cured.
- 187. In the newly born tetanus is almost always fatal.
- 188. Asphyxia leaves little hope and is a measure of danger.
- 189. The authentic cure of tetanus is affirmed only by the return of suppleness of the muscles.
- 190. The imminence of the fatal end is indicated by the intensity and frequency of the paroxysms, marked alteration of the features, debility, feebleness and intermittence of the pulse, and the appearance of a cold sweat.

#### MENINGEAL HÆMORRHAGE.

- 191. Meningeal hæmorrhage most frequently terminates in death.
- 192. When it is secondary and acute, death is surely inevitable.

#### CEREBRAL HÆMORRHAGE.

- 193. Apoplexy with general paralysis is almost always fatal, and death will usually occur before consciousness returns.
  - 194. With a small, feeble pulse the patient rarely recovers.
- 195. The longer the state of unconsciousness, the more serious the outlook.
- 196. Convulsions and contractions of the muscles, stiffness, stertor, paralysis of the sphincters and the pharynx constitute grave signs.
- 197. If an apoplectic patient, you find the pupils dilated and insensible to light, a deep coma, coldness of the extremities, a dusky tint of the lips and tongue, and if the eyelids automatically close when raised by the fingers, the prognosis is doubtful.
- 198. If the disease occurs in an aged person, and there is manifest mortification of the skin with ecchymosis and an adynamic state, be assured that death is near at hand.
- 199. It is rare that a third or fourth attack results without a fatal end. The fifth is inevitably fatal.
  - 200. After seventy years cures are phenomenal.

- 201. There is nothing to hope for if, in spite of treatment, there is no diminution of coma or other symptoms.
- 202. The appearance of hydrocephalic symptoms and of convulsions takes away all hope.
  - 203. The same is true of the third stage.
- 204. A small and accelerated pulse, irregular respiration, hurried and laborious breathing, heaving of the chest, dryness of the tongue, a tense and retracted abdomen and fetid diarrhoa, announce an imminent fatal issue.
- 205. Death is imminent when the face is of a violet hue and covered with sweat, the vitreous layer of the cornea is atonic, and there is nose-bleed.
- 206. Twitching of the muscles, cephalogy, paralysis and violent convulsions leave a short time for hope.
- 207. If you find the pulse continuously small and accelerated, expect death within forty-eight hours.

#### CEREBRO-SPINAL MENINGITIS.

- 208. The shorter the prodromata, the more serious the prognosis.
- 209. The following are bad signs: turning of the head, deep coma, incurving of the thorax, convulsions, slowness of the pulse when it ought to be full (that is to say, the reactional period), lenticular rose-colored spots and parotiditis. The same is true of eschars.
- 210. When convalescence is declared, if diarrhœa continues with weakness, if digestion is impaired and the nervous system is torpid, be assured that death is imminent.

#### CONGESTION OF THE SPINAL CORD.

- 211. The extent of the congestion determines the danger.
- 212. If there is rapid extension of the paralysis, with labored breathing, stiffness of the limbs, alternating with convulsions, the prognosis is doubtful. Complications of spinal hæmorrhage are to be feared.

#### HÆMORRHAGE OF THE CORD.

- 213. The nearer the lesion is to the medulla oblongata, the more unfavorable the outlook.
  - 214. Extremely labored respiration is of fateful portent.

#### MYELITIS, ACUTE AND CHRONIC.

215. The intensity of the symptoms, their approach to the medulla oblongata, visceral complications (cystitis, pneumonia, etc.), sacral eschars, and trophic disturbances of whatever nature are the bases of the prognosis.

#### EPISTAXIS.

- 216. Nasal hæmorrhage accompanying the invasion of eruptive fevers has no prognostic significance. At a later period it often points to malignancy.
- 217. Epistaxis during the second week of typhus fever is of bad omen only in adynamic fevers.
- 218. When petechiæ appear concurrently with epistaxis the outlook is serious.
- 219. Frequent epistaxis during adolescence is often a fore-runner of granulations.
- 220. Pregnancy and all concomitant disease may induce death.
  - 221. Repeated epistaxis may induce anasarca.
- 222. Always consider the possibility and the danger of heredity.

#### ACUTE CORYZA.

- 223. Coryza in the new-born child may cause an obstruction of the nasal fossæ, and thus be fatal.
- 224. If accompanied with swallowing of the tongue, expect a fatal issue.
- 225. Pseudo-membranous coryza, especially when complicated with other diseases, as angina, scarlatina, etc., is almost always fatal.

#### ACUTE LARYNGITIS.

- 226. Diminution of the symptoms is of good augury only when asphyxia is of slight degree.
  - 227. Acute laryngitis seldom causes death in adults.
- 228. In children, acute laryngitis of primitive type and intense character is almost as much to be feared as croup.
- 229. Continued increase of dyspnœa, feeble pulse, intensity of wheezing and violet hue of the face, delirium and convulsions, accompanied with great anxiety, with anæsthesia, announce a possible fatal issue.

#### CROUP.

- 230. Croup in an adult is almost always fatal.
- 231. Under two years of age, cures are exceptional.
- 232. When complicated with false membrane in the nasal fossee death occurs 15 cases out of 20.
- 233. The same is true when the lesions extend to the lips, ears, skin and genitals.
- 234. Marked and persistent albuminuria when complicated with dyspnea announces imminent peril.
- 235. Death is imminent if you find violent congestion of the neck and face, if you find the eye-balls moving convulsively, if there is cough of suppressed character, and the inspiratory movements are diminished; conjoined with feeble and irregular pulse, cold sweat and cold extremities.
- 236. After an operation, if there is a serratic bruit (an expressive French term, meaning saw-like), hope for nothing.
- 237. When the pulse becomes intermittent while cyanosis of the hands and face persists during the intervals of access, and the hoarse and metallic cough grows more feeble, death is inevitable if an operation is not at once performed.
- 238. It is the same if expectoration of membranes leads to no alleviation.
- 239. Pulmonary complications considerably increase the danger, and positively forbid all surgical interferences.
  - 240. In the adult, tracheotomy is usually without avail.
- 241. If false membranes develop in the bronchi with gangrenous spots upon the pharynx and tonsils, an operation will be futile. The patient will die.
- 242. A patient attacked with an ill-defined croup in the first period or in the commencement of the second, and consequently untreated for the same, has but slight chances for recovery.
- 243. Complete anæsthesia is almost always fatal unless the surgeon intervenes.

### ULCERATIVE LARYNGITIS.

- 244. Acute ulcerative laryngitis is more serious than the simple acute form.
  - 245. The prognostic signs rest on the same characters.
- 246. In chronic ulcerative laryngitis consider the duration and time of inception, the character of the expectoration and the diathesis of which it may be a local manifestation.

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- 247. Expectoration of cartilage is of fatal augury.
- 248. Œdema, sudden paralysis of the glottis and possible consecutive stenosis are three serious signs and combinations.

#### CEDEMA OF THE GLOTTIS.

- 249. If the ædema is acute the prognosis will be in direct proportion to the violence of the inflammation.
- 250. In the intervals of attack, if the pulse is small and the patient is quietly delirous, expect serious complication and disturbances.
- 251. Whatever the aspect of the disease, the prognosis is always serious.
- 252. If several attacks of suffocation have already occurred, if the patient is much weakened, if there be an original local lesion of the larynx originally exciting the attack or likely to renew it, the outlook is doubtful.

#### SPASM OF THE GLOTTIS.

- 253. The length and violence of the spasms, cyanosis of the face and marked suffocation are grave symptoms.
- 254. Marked pallor of the face with an imperceptible pulse foretell danger.
- 255. When spasms of rare occurrence and slight in character are suddenly followed by spasms frequent in occurrence and severe in character (say every half-hour), expect a speedy and fatal termination.
- 256. General convulsions hasten death and are unquestionable in portent.
- 257. If, under the influence of the spasms, the child becomes pale and insensibly wasted away, expect a fatal issue.
- 258. Not rarely spasms of the glottis announces a future invasion of epilepsy.

American Dermatological Association.—The seventeenth annual meeting will be held at the Hotel Pfister, Milwaukee, Wis., Sept. 5, 6, and 7, 1893. The officers for 1893 are as follows: President, George Henry Fox, M.D., of New York; Vice-President, Henry W. Stelwagon, M.D., of Philadelphia; Secretary and Treasurer, George T. Jackson, M.D., of New York; Council, E. B. Bronson, M.D., G. T. Jackson, M.D., G. H. Fox, M.D., H. W. Stelwagon, M.D., J. C. White, M.D.

## Correspondence.

#### TREATMENT OF CHOLERA.

Editors St. Louis Medical and Surgical Journal:

My attention was lately called to a paragraph in the New York Medical Journal, of July 1, 1893, in which Dr. Lauder Brunton brings up certain statements made as early as 1873, offering suggestions as to the use of atropine in the treatment of cholera. The editor of the journal very promptly remarks "that those suggestions had been made and successfully carried out years before by Viardin in 1832, and Chalvet in 1859, and afterwards in 1866 by the late Dr. John T. Hodgen, of St. Louis."

We, the older friends of Dr. Hodgen, can recall his views upon the subject as he expressed them in public and at the bedside. They hold now as then; and though the books say almost nothing as to the use of belladonna in cholera, they give us the physiological action of the medicine as he then understood it, and as we now confirm it; no more, no less. It is gratifying to realize in these days, that his physiological studies had led him so much in advance of his times. The paper which he wrote in 1866 was published in the November and December issues of the St. Louis Medical and Surgical Journal, and is herewith appended. I will ask you to republish it, as well to establish priority of claim, if need be, but more to give pleasure to innumerable friends who name him but to praise.

Very truly yours,

J. S. B. ALLEYNE.

St. Louis, Nov., 1866.

TREATMENT OF CHOLERA BY ATROPINE AND SALINE SOLUTIONS. By John T. Hodgen, M.D., Professor of Physiology, St. Louis Medical College.

Aware that the time of the readers of your journal has already been taxed by the theories and speculations of many writers in regard to the pathology and treatment of cholera, I can hardly bring myself to the task of still further consuming it, but will do so for just this once, first assuring them that I will be brief.

In sixteen cases of cholera, all in profound collapse, blue, cold, shriveled and pulseless, some with rapid, irregular and

difficult breathing, I pursued the practice to be detailed. I injected into the arcolar tissue from one-sixtieth to one-thirtieth of a grain of atropine.

#### FIRST CLASS, FOUR DEATHS.

In four cases there was no perceptible effect, the patients all dying in from three to sixteen hours.

#### SECOND CLASS, TWO DEATHS.

In two cases within an hour the pulse became perceptible and distinct, the skin warm, even red. One of these died in eight, the other in fourteen hours. No water was taken by the mouth or injected into the bowels in either of these cases. One case was that of an old man of dissipated habits; the other young, robust and of good habits.

#### THIRD CLASS, THREE DEATHS.

In three cases reaction was pretty well established within an hour after the injection of atropine. In these cases, warm water containing common salt was injected into the bowels every half hour, half a pint to a pint at a time; and in no case was it discharged. Cold water was also freely taken by the mouth without a return of vomiting. The water was rapidly absorbed; thirst was allayed; the vessels were filled; the wrinkles left the skin; the sunken eyes became again prominent, and afterwards there was no cramp.

The cases require to be mentioned separately. One I saw at 12 m., and immediately began the treatment. At 1 p. m. the pulse was distinct, the skin warm. During the afternoon the vessels filled, the skin became plump, the breathing much improved, though still frequent. I corded the arms and legs, and the breathing improved; but on removing the cords the breathing was again hurried. This I repeated twice with same effect, allowing the cords to remain half an hour each time. At 8 p. m. the pulse began to fail; the skin became cool, finally cold. She died at 9 p. m. The vomiting, purging and cramps did not return. No discharge of urine.

In another of this third class of cases the pulse came up in forty minutes after the injection of one-thirtieth of a grain of atropine, and the skin became too warm. Water was injected and absorbed, so that in twelve hours after I first saw her she had every appearance of making a rapid recovery. The pulse

was very good, the breathing easy, the skin warm, though she had discharged no urine. In twenty-four hours after I first saw her she became pulseless and cold, but without a return of vomiting or purging. I injected atropine. She again reacted, and soon a small quantity of urine was discharged. Diuretics were administered.

During the day she was flighty and could not always recognize her children. Eighteen hours after the last injection of atropine she was again pulseless and cold, though there was no vomiting, no purging, no shriveling of the skin. I injected atropine a third time, and she again reacted. Gave injections of warm broth; ordered wine and beef tea; continued diuretics, as there had been only a small amount of urine discharged. She was now delirious, and began to sink again in fifteen or twenty hours after the last injection, and died seventy-six hours after I first saw her.

The third case of this class responded rapidly to atropine, and ten hours after by injections of warm water the pulse became distinct, the skin warm, the vessels full. The patient died twenty-three hours after I first saw him, having sunk rapidly for two or three hours before his death.

#### FOURTH CLASS, SEVEN CASES RECOVERED.

Seven of sixteen patients treated with atropine recovered, six of them fapidly and completely. In one case of the six the patient took by injections half a pint of the infusion of buchu; one ounce of buchu with half ounce of common salt to the gallon every half hour for twenty-four hours. During this time through the tea was retained; she had three dark, bilious evacuations, having taken a large quantity of calomel. The kidneys acted freely, and twenty hours after I first saw her no one would have supposed she had had cholera, so complete was the recovery.

The seventh case did not recover so promptly. This was an exceedingly sensitive, nervous woman, of strong will, and that will fully enlisted for her recovery. She determined not to die. This case responded promptly to one-fortieth of a grain of atropine. Water was allowed as a drink, and warm water and sometimes beef tea injected into the bowels. The patient was very much nauseated, and there was frequent disposition to go to stool; not so much immediately after the injection of warm water,

for this seemed to allay for a time the irritation of the bowel; but when she went to stool only a little mucus with a small quantity of water was discharged, so that by the mouth and anus not one-tenth of the fluid taken was discharged. filled, the skin flushed and lost its wrinkles. Twelve hours after the first injection she was again pulseless. A second injection of atropine restored it. Beef tea injections and as much as she could be induced to take by the mouth were ordered. and disposition to stool continued. No urine was discharged. The patient talked vivaciously and extravagantly, like one in the first stage of uremic poisoning. Twenty hours later she was again I injected atropine, and a third time the pulse repulseless. Urine was discharged abundantly and the patient responded. covered rapidly, so that on the seventh day from my first visit she took a boat for Quincy, Illinois.

Remarks.—This last case, and that in class third, in which reaction occurred three times, are particularly interesting, since both responded readily to atropine, both suffered from uremic poisoning, both had repeated periods of depression, both, to my mind, showing clearly that the patients were still laboring under the choleraic poison or under a poison the offspring of either the disease or the treatment. To my mind it was clearly uremic poisoning, and was the legitimate consequence of the intense congestion of the kidneys present in this disease.

In this age of philosophy we very naturally seek a reason for any special course pursued in treatment of disease. Believing this question has already been in the mind of the reader, I will The prominent pathological changes observed in answer briefly. the bodies of those who have died of cholera are: Congestion of all the abdominal viscera except the liver; congestion of the lungs, and from the retarded flow of blood through these organs a damming of the blood in the right side of the heart. glia of the sympathetic nerve are also congested, and in these as well as other parts congested the products of inflammation have-Here are precisely the conditions we would expect been found. to find if there was suspended action or paralysis of the sympathetic nerve, viz.: a relaxation of the walls of the blood vessels; particularly of those organs most abundantly and exclusively supplied by this nerve. Here, then, we have precisely what we have when the sympathetic nerve is cut in the neck, occurring in

the eye, the ear and the side of the face. A congestion, an increase of blood, an inflammation ensues, and if it continues long enough the usual product of inflammatory action remains as records of these changes.

Now, what shall we do to relieve this congestion? Give purgatives to draw off the fluids, thus relieving congestion? Use the lancet to diminish local congestion, at the expense of a circulation drained to its lowest living point? Give brandy to further increase the carbonaceous elements of a blood already poisoned, so that it cannot be aerated in the lungs? Give carbonate of ammonia to still further contaminate a blood loaded with urea, the very material of which ammonia is manufactured?

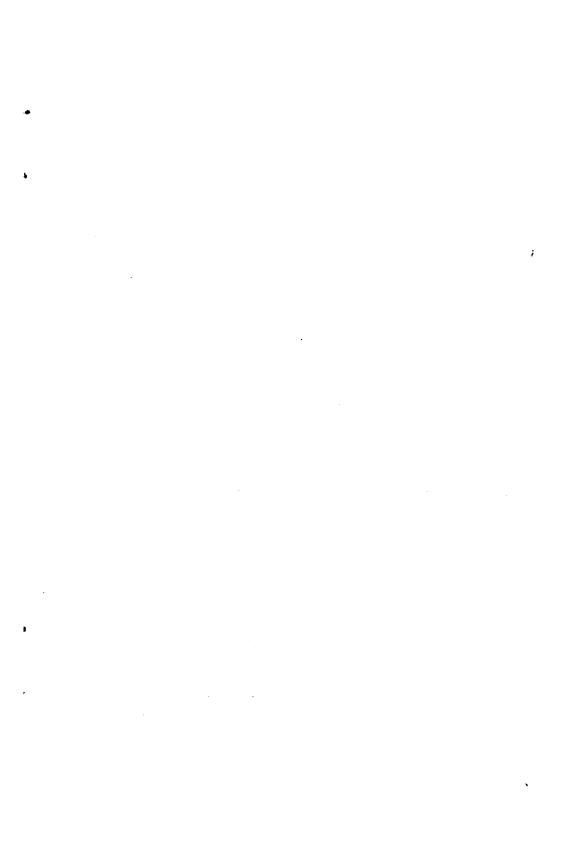
When a galvanic current is sent through the parts suffering from congestion, the result of paralysis of the sympathetic nerve, the vessels are stimulated to contract upon and repel their contents, and the parts which before were congested are immediately relieved of their congestion, the temperature reduced, and the symptoms of active inflammation are dissipated.

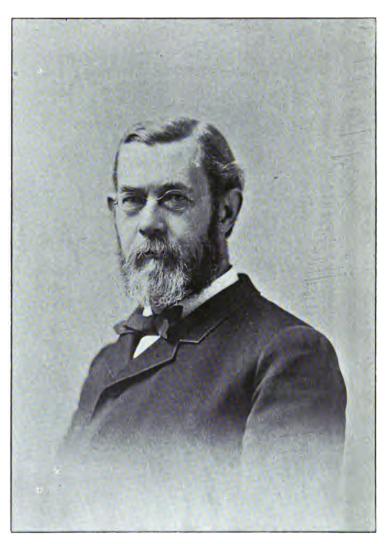
Atropine diminishes the irritability of the spinal cord; atropine produces a rapid contraction of the engorged vessels of the conjunctiva; atropine stimulates the action of the sympathetic.

The injection of saline solutions into the bowels is sufficiently indicated by the loss sustained by the blood.

Now, I do not believe atropine will cure every case of cholera; I do not believe it will cure any case of cholera; but I do believe its judicious use will so relieve the congestion consequent upon the choleraic poison that remedies may be introduced into the system; that we are enabled to replace the lost serum of the blood by the best substances known to us; and that in cases where the poison has been eliminated and the patient is in danger of death from simple exhaustion, that this affords us an opportunity of supplying the waste and thus saving the patient.

Opening for a Good Physician.—We have received a letter from Sturgis, South Dakota, wherein the writer states that there is an opening in that town for a good man. He must be married; between the ages of 35 and 40 years, or thereabouts; of good appearance; capable of making and holding friends. One who can prescribe without relying on patent medicines, and who can be recommended as knowing his business.





PROFESSOR GUSTAV BAUMGARTEN, M.D.

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# The Earlier Editors of the St. Couis Medical and Surgical Journal.

#### IX.-GUSTAV BAUMGARTEN.

The subject of this sketch was born in the mining town of Klausthal, district of Hildesheim, Upper Harz Mountains, Prussia, June 1, 1837. His boyhood and early school days were passed amid the bleak and rugged scenery of his native district, which is one of the greatest, and perhaps the greatest, of the mining centres of the Erz-Gebirge. In his thirteenth year the lad was brought to America by his father, landing in this country January 1, 1850. We do not know whether the family came directly to St. Louis, or whether they remained awhile elsewhere; but two years later we find him, at the age of fifteen, matriculated in the St. Louis College of Medicine. Klausthal, his native town, is famous for its schools, and especially for the great academy of mines and mining engineering, and the youth must have taken excellent advantage of the opportunities thus offered, for we find him at this early day dissatisfied with the then meager curriculum of the earlier medical colleges of the West, and mapping out for himself a more extensive course of studies—one which required from him

four full years of study. His father, an eminent practitioner of Klausthal, who afterwards immigrated to this country and settled in St. Louis, where he practiced for many years, no doubt gave to his earliest education the scientific turn which has been the distinguishing feature of Dr. Gustav Baumgarten's professional life. In 1856 he was graduated from the St. Louis school at the age of twenty years. The following year he sailed for Europe, and put in three years at the Universities of Goettingen, Prague and Vienna. Finishing his course at the latter in 1859, he sailed for home, and on arriving in St. Louis he entered at once upon the practice of the profession for which he had so well qualified himself. The doctor marks the 13th day of August of that year as a red-letter day in his calendar, as it was upon that day that he saw his first patient in private practice.

Dr. Baumgarten continued the practice of medicine in this city until Oct. 18, 1861, when he received a commission as assistant surgeon U. S. Navv. The story, as told by an old and intimate friend of the doctor and his father, that on that day he drove down town in his buggy, and after passing through the main streets left his horse and vehicle tied to a post at the corner of Franklin Avenue and Fourth Street. From that day he disappeared completely from the eyes of his St. Louis friends and His father, to whom he had said no word of his intentions, sought him high and low for weeks without success, and when he finally heard from him it was as Assistant-Surgeon in the Navv. In this position he remained throughout the entire war, "passing" meanwhile, and was mustered out of service by resignation May 2, 1865, or after the struggle was practically ended. He at once for sook the arts of war, and took up those of peace, resuming his private practice in this city.

Dr. Baumgarten's connection with this journal commenced in 1867, when his name appears for the first time as assistant editor, with Drs. Linton and White as editors. The next year Dr. White retired, and Dr. Baumgarten became associate editor with Dr. Linton. The active life of the latter was, however, then rapidly drawing to a close, and from 1868 to 1871 Dr. Baumgarten was really, in everything but in name, sole editor of the Journal. He was a busy man in those days, for in addition to his large private practice and his editorial duties, for a greater portion of the time he was professor of histology, of general pathology, and of

pathological anatomy in the old St. Louis College of Physicians and Surgeons.

In looking over the files of the JOURNAL, the most notable articles accredited to his pen that we find, are an elaborate review of Virehow's Cellular Pathology, and a most excellent translation of Billroth's Classification of Tumors, though these are merely mentioned as among the many excellent articles contributed by him as editor.

After Dr. Baumgarten's name as editor disappeared from the pages of the Journal, he contributed largely to medical literature in other publications, notably to the Courier of Medicine. Among these contributions we may note the following: Heart and Pulse in Acute Nephritis; Diffuse Affections of the Kidneys (Bright's Disease); Pulse, Arterial; Pulse, Venous; The Sphygmograph (the last three in Wood's Reference Handbook of the Medical Sciences); The Last Stage of Chronic Bright's Disease (in International Clinics, Vol. IV.); Disturbances of the Heart Rhythm (Transactions of Association of American Physicians, Vol. III.); On Simple Continued Fever (ibid, Vol. VIII.); Historical Address (St. Louis Medical College, 1892).

The above list by no means is a full one of the valuable articles that Dr. Baumgarten has contributed to medical literature, and is given merely to show the scope and bent of his scientific work. In addition to the educational positions mentioned above, which he has filled with honor to himself and to the advantage of those students who were fortunate enough to hear him, he has at various times been Professor of Physiology (1873–87) and of Special Pathology and Therapeutics (1887–93), and is now Professor of the Practice of Medicine, all in the St. Louis Medical College. From 1884 to 1888 Dr. Baumgarten was president of the German Medical Society.

Dr. Baumgarten is still living and in the active practice of medicine. He is but fifty-six years old, and in the nature of things has every reason to look forward to many years of active practice. With his ripe experiences and facility of pen, the medical profession has the right yet to expect from him many most valuable contributions to the science and art of healing. We only hope that he will soon again address the readers of the old Journal, the editors of which extend to him their heartiest greetings, and their wish for a yet long and prosperous career.

## PROPOSED ORGANIZATION OF MEDICAL JOURNAL PUBLISHERS.

We find the following in one of our contemporaries:

"It gives us pleasure to be informed that there is to be organized a Medical Publishers' Association in Washington during the meeting of the Pan-American Medical Congress, which convenes September 5.

"Such an organization, if properly formed, will not only be a protection and benefit to the publishers of medical journals, but to the advertisers as well. Whilst the publishers of many of the medical journals are also editors and probably belong to the Association of editors, which meets simultaneously with the American Medical Association, they certainly must recognize that there are matters pertaining to the business and financial interests of the journals that do not come within the purview of the Editors' Association. We understand the object of the Publishers' Association shall be for the better protection of legitimate advertisers and the publishers, and is not in any way to take the place of or interfere with the work of the Editors' Asso-Such being the case the organization of the Publishers' Association should meet with their hearty co-operation, and we trust that editors will take note of this proposed movement. Should they themselves not be publishers of the journal they edit, we hope they will advise their publishers of the meeting to be held in Washington, September 5, urging them to be present, and give their co-operation to such an organization as shall be for their mutual protection."

The idea, so far as we are able to understand it, is to abolish the old system of "reading notices." which advertisers and advertising agents insist upon appearing in print. Some agents have gone so far as to make the publication of these a necessary portion of their contracts. In order to gain the point sought after, it would be absolutely necessary to have every publisher in the proposed Association, or a general rule of any force cannot be carried out. If some remain out it will simply result in producing defection in the ranks of those who have already entered it. We are not sanguine over this new move, and we fear that some time will elapse yet before it will be in working order. In the meantime, we have no doubt but that the "publishers' department" will continue to hold its place as of yore.

## Microscopy.

Staining of Bacillus Tuberculosis—New Methods.—A writer in Progrès de Thérapeutique says: "The most frequent examination that the practitioner has to make is, that of sputum for bacillus tuberculi." The method of Ehrlich, long held in highest repute, has fallen into disrepute, not merely on account of its unreliability, but especially on account of its slowness. A large number of other methods have from time to time been suggested, but we will cite here only those most frequently practiced. Among these the best are those of Kühne and Sabouraud.

#### KUEHNE'S METHOD.

The material to be examined (sputum, pus, etc.) is spread out by pressure between two cover-glasses, as evenly and thinly as possible. The glasses are then left to dry by spontaneous evaporation. When perfectly dry, let fall on the prepared surface of each cover-glass a drop of the following mixture:

Alcohol, 95°	10	parts.
Ether, 62°	10	parts.

Allow the surfaces to dry spontaneously, and they are at once ready for staining. The following is the stain:

Carbolic acid in crystals	. 5	parts.
Alcohol, 95°	.10	. "
Fuchsin	. 1	"
Distilled water	90	66

This liquid will keep indefinitely and may therefore be prepared in quantity. In use heat 10 cubic centimeters of the stain in a small porcelain capsule to 50° or 60° C. (115° to 140° F.). As soon as the proper temperature has been reached, put in the cover-glasses, prepared face downward, so that they will float on the surface, and remove the source of heat. Let the glasses remain in contact with the stain for about five minutes, though a minute more will not matter, then lift them out and wash with plenty of distilled water. For the next step—the bleaching—drop the cover-glasses in a mixture of 3 parts of alcohol and 1

part of concentrated chemically-pure nitric acid, and let them remain until completely decolorized or from ten to fifteen seconds. Wash well in distilled water, changing the bath at least once. For the counter stain use 1 drop of saturated aqueous solution of methyl green in 30 to 40 grains of distilled water, and let the glasses remain in contact one minute. Remove, wash in distilled water and let dry spontaneously. It may then be mounted in balsam dissolved in xylol or in dammar. Glycerine may also be used if a mere cursory examination be required. The bacilli, if present, will be stained red, while the other elements will be colored a greenish blue.

#### SABOURAUD'S METHOD.

This method is, in fact, that suggested by Lustgarten for differentiation of the bacillus of syphilis. In it the cover-glasses, prepared as above stated, or dried by passing through flame, are placed for twenty-four hours in the following bath, at natural temperature:

If heat, say of 60°C. (140°F.) be applied, two hours will be sufficient. Wash the preparations for ten minutes in absolute alcohol and then transfer to a solution of potassium permanganate, 15 parts to 1000 parts of water, and let remain for ten seconds. Decolorization is made with a freshly prepared concentrated aqueous solution of sulphurous acid. The sulphurous acid solution must be renewed from time to time until decolorization is complete. A counterstain is not necessary; but if desired, can be made as in Kühne's method.

The concentrated sulphurous acid solution may be prepared by allowing commercial sulphurous acid to escape through a tube into distilled water in the manner so well known to pharmacists and physicians.

This method, while tedious and somewhat delicate in manipulation, leaves absolutely nothing to be desired in point of accuracy; and is to be recommended in all cases where other methods of detecting the bacilli have failed, and absolute certainty of diagnosis is desired.

#### PEWSNER AND NASTIKOFF'S METHOD.

The foregoing processes are each of them excellent in their The writer has tried them both, and finds that the first gives good, clean definitions of the bacillus where present in large numbers, but that where the bacilli exist in small numbers, they are apt to be difficult to discover. The second is, as stated above, excellent where the diagnosis is doubtful and dif-In back numbers of the JOURNAL we have given several excellent methods which in point of rapidity and delicacy surpass the method of Kühne. Among them are Glorieux's, which will be found in the JOURNAL for the latter part of 1890 or first half of 1891 (we write at a distance from our files and hence cannot make exact reference). More recently we have come across the following, Pewsner and Nastikoff's method, in Vratch, which we have tried and found to be not only rapid but exceedingly delicate and reliable.

Prepare a solution of bichloride of mercury, 1 part of the sublimate to 2000 parts of water. Into a test-tube pour a few drops of anilin oil, add 10 cubic centimeters of the sublimate solution and shake together for a few minutes. Filter and to the filtrate add 1 cubic centimeter of a ten per cent solution of gentian violet in absolute alcohol. Methyl violet or fuchsin may be used in the absence of gentian violet. Prepare the coverglasses as usual, dried either by heat or spontaneous evaporation, and float them in the staining solution for five minutes, care being taken to keep the container covered during the stain-Wash the preparation thoroughly in distilled water and it is ready for the complementary stain. This may be either malachite green or eosin, and for the solution dissolve 1 centigram of the dry color in 10 grains of the sublimate solution given above. The preparation should be barely dipped into this stain, removed immediately and rinsed thoroughly.

The total tinting ought not to occupy over five and a half or six minutes, and the results are all that can be desired. The beauty of this stain is, that it can also be used for staining the bacilli in situ in the tissues. The preparations may be examined in glycerin at once, or may be prepared and mounted in balsam or dammar.

F. L. J.

## Dermatology and Genito-Urinary Diseases.

[September,

Gonorrheea in Young Children.—Dr. Koplik (Jour. of Cut. and Genito-Ur. Dis.) reports the cases of two boys, aged 5 and 9 years, who had attempted coitus with a 7-year old girl suffering from gonorrheeal vulvo-vaginitis. Gonorrheea resulted. In Dr. Koplik's opinion these cases tend to prove the correctness of Epstein's supposition, that the peculiar conditions of coitus favor contagion, since his inoculation from the urethra of gonorrheeal to the urethra of healthy babies gave negative results.

A Second Attack of Measles.—At a meeting of the Society of Practical Medicine and Surgery, M. Diamantberger reported the case of a child,  $2\frac{1}{2}$  years of age, in whom a second attack of measles occurred after an interval of six months (*Prog. Méd.*). The recurrent disease was accompanied by a severe broncho-pneumonia and terminated in death. The different etiological details of this case suggested to the speaker an additional prophylactic precaution, viz., that every patient, although he may have had measles, should be removed from contaminated surroundings if he is suffering from any inflammatory condition of the air passages, as simple or tuberculous bronchitis, broncho-pneumonia, pneumonia, and even from a pharyngeal, laryngeal, or naso-buccal affection.

Incubation of Measles.—Lockwood (Archives of Pediatrics), from the observations in seventy-nine cases of measles in an institution, makes the following deductions: The period of incubation of measles is almost uniformly thirteen to fourteen days. Early vomiting and diarrhea are due mainly to accidental and extraneous causes. In considering prognosis it is important to distinguish between croupous and broncho-pneumonia. A rapidly fatal so-called pseudo-diphtheria may supervene without affording any certain diagnostic clinical sign. Strict attention should be paid to hygienic details, as being more important than medicinal treatment.

Eczema.—Lanara claims good results, in thirty cases of eczema (twenty chronic and six acute), from painting the affected surface twice daily (Med. Bull.) with a mixture composed of

R	Alcoholic extract of filix mas	. 3viiss.
•	Alcohol	_
	Extract of myrrh,	•
	Pure extract of opium,āā	Зj.

M. Sig.: Shake vigorously before using.

Once a day, before applying the above mixture, the surface is washed with green soap and the crusts removed.

Blood Changes in Syphilis.—Neumann and Konried (Wiener klin. Wochenschrift) have made a study of the blood in all stages of syphilis with the following results (Univ. Med. Mag.):

- 1. The hemoglobin is diminished in the primary stage from 15 to 30 per cent. It remains diminished during first part of the eruption and in early treatment, but as the mercurials are pushed it rapidly regains its normal percentage.
- 2. Older contracted cases of secondary syphilis have only from 45 to 75 per cent. of hemoglobin. The anti-syphilitic treatment in these cases increases the hemoglobin, but does not raise it to the normal.
- 3. The late forms of tertiary syphilis are characterized by a low hemoglobin percentage, which improves under mercury.
- 4, 5, 6. The red blood corpuscles are not diminished in the primary affection, but when constitutional symptoms appear they are reduced one-third. Anti-syphilitic treatment brings them back to normal. Non-treated secondary forms have about one-third the normal amount, which become normal under treatment. In the tertiary stage there is some diminution. The number becomes restored by treatment.
- 7. The number of white corpuscles is diminished in proportion to the diminution of the red corpuscles.

Vaccination in Leprosy.—Vaccination has been mentioned as affording a risk for diffusing leprosy; but this is not borne out by facts ascertained in India. Firstly, the number of persons actually vaccinated in India is very small in comparison with the general population. It appears that out of 7,985,543 children available for vaccination in British India in 1889, only 2,178,464, or 70.2, were vaccinated. Secondly, a considerable number of these were vaccinated from the calf. Thirdly, where arm-to-arm vaccination is practised, lymph is taken from the vacinifer at an age when leprosy rarely occurs. Fourthly, it is highly question-

able whether such inoculation as vaccination implies would be able to produce the disease in another person, even granted that the vaccinifer were a leper and that the lymph contained bacilli. Lastly, three of the commissioners vaccinated a number of lepers over healthy and affected areas and examined the lymph and crusts for leprosy bacilli, but without any result. Of 93 specimens, only 6 were slightly suspicious. It has been ascertained by experiment that if a blister be raised over apparently healthy skin, its serous fluid will be quite free from the bacilli, while in blisters raised over leprous nodules bacilli may in some cases be And surely no one would ever think of vaccinating an individual over a tubercle or diseased part, or if he did so would employ such lymph to vaccinate another individual. cal danger, therefore, of leprosy being diffused in this manner, even supposing the disease to be highly contagious, is minimal. The instances quoted in literature, like those of Gairdner and Daubler, of leprosy being "vaccinated" on to a healthy child are too equivocal and ambiguous to carry much weight. vaccine lymph over extensive cutaneous leprosy that the bacilli are found, and hence vaccinators would hesitate to vaccinate from From the above it is evident that practically such a person. there is no risk of a diffusion of the disease in vaccination from arm-to-arm (Ind. Med.-Chir. Rev.).

Psoriasis Treated with Arsenious Acid.—Of the many remedies used in the treatment for psoriasis, Dr. B. Merrill Ricketts does not think there is one that meets so many requirements as arsenic (*Epitome of Med.*).

So far I have not found a person suffering with the disease that could not take the remedy; true it was, with a few, taken with great difficulty, but with the proper and persistent management it could finally be taken with impunity.

I have given as little as  $\frac{1}{50}$  grain of arsenious acid daily; on the other hand, I have given as much as  $\frac{4}{20}$  or  $2\frac{4}{5}$  grains daily for eighteen successive days. This proves to me that the drug is not so dangerous in the hands of experienced medicators as was at one time believed. It also proved that what is a dose for one may be nothing more than a minimum dose for another. I want it understood right here that I do not use any other preparations of the drug than the following:

R.	Acidi arsenici	Эi.
	Acidi hydrochlorici dil	
	Aqua	
3.5	224444	Olec.

M.

or the Asiatic pills composed of arsenious acid and black pepper in different proportion. The solution gives five grains to the ounce of water, so that every ten drops of the solution contains one-tenth grain of arsenic, which is held in solution by the hydrochloric acid.

I do not advocate the use of Fowler's solution. Is is unreliable in strength, owing, however, to its being an article of commerce and the possibility of having been made for a great length of time and exposed to heat, air, or light.

I am of the belief that the patient treated with arsenic has a longer immunity than if treated with any of the other numerous remedies; especially does this seem so in the most aggravated forms and in those of long duration.

Urticaria.—After a general discussion of the etiology Dr. J. A. Cantrell has the following to say concerning treatment (Md. Med. Jour.):

The treatment of this affection, in an acute attack, which is due to the ingestion of irritating substances, is best by an emetic, if seen early, and the use of saline aperients—such as the mistura ferri acida, of which you have often heard. In the majority of cases these simple preparations will suffice, and you must be careful not to allow it to go into the chronic form, by giving the persons bland and unirritating articles of diet.

In a chronic case every organ of the body must be carefully examined; the habits of the individual; the urine is also examined, but in the majority of the cases it will be found that disorder of the alimentary canal is where the disease generally starts from.

In these cases the alimentary canal must be cleansed by an emetic, as in the acute form, and the use of saline aperients; all alcoholic stimulants must be interdicted; in fact all fermentable articles, as pastry and highly seasoned food; patient is instructed to notice if any special article of diet or other circumstances leads to an outbreak, The action upon the intestinal canal may be kept up by using a pill of aloes, belladonna, and nux vomica, which is given every night, or the Lady Webster (aloes and mastich), which

may be given after the mid-day meal. Diuretics may be found of decided service.

Often in the treatment of these cases you will be at a loss to find a cause, and these cases you will treat on general principles; the use of tonics, such as arsenic in small and continued doses, quinine and bromide of potassium, have given decided satisfaction at times in my hands.

For the irritation upon the external surface of the skin, antiprurities are indicated, alkaline baths, such as the sodium or potassium carbonates (3ij to the bath, or increased if necessary), and at times one of the following will be found of service:

Carbolic acid (3iij to pint), acidi borici (saturated solution), naphthol (gr. x-xv to 3ij), menthol (gr. ij-x. to 3j), liquor carb. detergens (3ij-3iij to 3viij of water).

O-D.

## Excerpts from Russian and Polish Literature.

Mercury in Human Glanders.—In the Vratch. No. 24, 1893, p. 683, Dr. Cesar K. Gralewski, of Sudja, relates two highly instructive cases of human glanders in which he tried a mercurial treatment after Dr. Gold's method (vide The St. Louis MEDICAL AND SURGICAL JOURNAL, July, 1889, p. 55; June, 1891, p. 366; and October, p. 244). One of the cases is that of an old man, aged 70, who had contracted the formidable disease from a relative of his (during nursing). When first seen by the author, on the seventh day of the symptoms, the old man complained of headache, general prostration and fever (39.8°C.). On examination there were found: a, pink cutaneous nodules scattered over the thighs, legs, arms, neck and back; b, a craterlike ulcer occupying the intermediary fold between the thumb and forefinger of the right hand; and c, an abscess of the size of a walnut situated on the neck posteriorly. Having opened the abscess, the author washed out both its cavity and the ulcer with a carbolic acid lotion, and dressed the wound. Simultaneously he prescribed grey mercurial ointment (Unquentum Hydrargyri Cinereum Ph. Rossicae) to be rubbed in, in the dose of four grammes, once daily. In about five days the eruption of fresh nodules ceased altogether, while the old ones either slowly transformed into pustules, or became covered with dry crusts which fell off in from ten to twelve days, leaving a delicate rosy cuticle. The patient completely recovered about the seventieth day. The total quantity of the salve rubbed into amounting to 200 grammes.

The other patient—a peasant woman of 35—while having a superficial fissure on the dorsal surface of her right hand, between the thumb and forefinger, happened to wash some linen from a case of glanders (from the same patient who had infected Three days later a pink papule appeared in the the old man). region of the fissure. On the seventh day (after the exposure) the nodule proved to be transformed into a bright red fluctuating abscess as big as a lien's egg. There were also present headache, pain about the right hand, and high fever (40.2° C.). As in the preceding case, the abscess was immediately incised, washed out, etc., and the mercureal inunctions ordered. A rapid improvement ensued; the woman making an excellent recovery in seven-Not more than 48 grammes of the salve was spent teen days. during the treatment.

In neither of the patients any signs of stomatitis were observed, the only precautionary measure consisting in gargling with a solution of chlorate of potassium.

Excretion of Biliary Acids in the Urine.—In the Przeglud Lekarskie, April 29, and May 6, 13 and 20, 1893, p. 313, Dr. Opienski publishes a series of elaborate researches he has carried out in order to determine (a) physiological and pathological conditions under which biliary acids are excreted in the urine; and (b) the effects and fate of biliary acids introduced into the animal system from without.

The following method of the detection of the substances in urine has proved to be the best in the author's hands. From 300 to 1000 cubic centimetres of urine are mixed with some carbonate of sodium and evaporated in aqueous bath, and the dry residue treated with 90 per cent. alcohol. The alcoholic extract is similarly evaporated dry, the residue dissolved in water, the solution mixed with a few drops of ammonia, and then treated with subacetate of lead. The precipitate is boiled with alcohol and filtered still hot, and the filtrate mixed with some carbonate of sodium and evaporated dry. The residue is dissolved in a

small quantity of absolute alcohol, and the solution diluted with five volumes of sulphuric ether, after which the mixture should be left alone for a few days, then evaporated dry; the residue dissolved in water, and the solution examined with regard to biliary acids (after Pettenkofer's and Neukomm's methods). The procedure is said to allow the detection of the substances even in such cases where their proportion in the urine does not surpass 0.0015 per cent.

To elucidate the other point (vide supra), Dr. Opienski made experiments both on human beings and dogs. In the former case depurated ox gall was given internally; while in dogs, subcutaneous injections of a solution of pure glycocholate of sodium were administered as well. The essential outcome of the investigations may be condensed somewhat as follows:

- 1. Not the slightest traces of biliary acids could be ever discovered in the urine of any of the healthy subjects examined by the writer.
- 2. Of 31 pathological cases examined, in 12 (6 cases of gall-stones, 3 of atrophic cirrhosis of the liver, and 3 hepatic cancer) positive results were obtained; in 5 (2 of hepatic cancer, and 3 hypertrophic cirrhosis of the liver) they were doubtful; and in the remaining 14 (cirrhosis of the liver, hepatic abscess, hepatic cancer [3 cases], pyæmia, leukæmia, malarial fever, and cardiac organic disease) decidedly negative.
- 3. Icteric discoloration of the urine was present in 16 out of the 31 cases (in 7 of the "positive" category, 3 of the "doubtful," and 6 of the "negative"); in the remaining 15 (5 "positive," 2 "doubtful," and 8 "negative") it was absent.
- 4. Biliary acids are excreted in the urine solely in cases of hepatic disease and in those of jaundice due to obstruction of bile ducts.
- 5. As regards hepatic affections, the excretion occurs most constantly in cases of cholelithiasis and atrophic cirrhosis of the liver.
- 6. In non-hepatic affections the excretion does not occur even in such cases where this or that disease (for instance, cardiac organic one) is accompanied by jaundice.
- 7. The amount of biliary acids excreted in the urine does not stand in any connection with the intensity of jaundice (be the latter present).

- 8. In such cases where biliary acids are administered in small doses, the examination of the urine invariably gives negative results.
- 9. The acids appear in the urine only when they are introduced in large doses (upwards 6 grammes of ox gall internally, or 0.75 of the glycocholate under the skin).
- 10. Large doses of bile given internally induce anorexia and diarrhœa (both in man and dogs).
- 11. It seems highly probable that a considerable quantity of biliary acids penetrating into the systemic circulation undergoes some decomposition whose nature is yet obscure.

Clinical Value of Leucocytosis.—At a recent meeting of the Moskovskoie Meditzinskoie Obshtchestvo (Moscow Medical Society) Dr. Nikolai P. Pavloff (*Meditzinskoië Obozrenië*, No. 12, 1893, p. 1218) read a paper on the oscillations in the numerical strength of blood leucocytes in different acute and chronic infectious diseases.

The following are the chief corollaries deduced by the author from extensive clinical observations of his own:

- 1. In infectious affections the number of leucocytes in the blood invariably increases.
- 2. In acute infectious diseases the increase proves to be, speaking generally, more considerable than in chronic ones.
  - 3. The rate of the increase is different in different diseases.
- 4. Variations in the numerical strength of leucocytes do not present any parallelism with oscillations of the bodily temperature in infectious diseases.
- 5. The intensity of leucocytosis possesses a certain diagnostic value. Thus a simple meningitis can be differentiated from a tubercular one in this particular, that in the former affection leucocytosis proves to be very marked, while in the latter form it is comparatively trifling.
- 6. The intensity of leucocytosis has also a prognostic significance. Thus, in such cases of croupous pneumonia in which leucocytosis is found to be very pronounced, the prognosis is more favorable than in those accompanied by but a slight rise in proportion of white corpuscles.

Watermelon as a Hydragogue.—Dr. Nikolai I. Traugott, house physician to Professor F. I. Pasternatzky's clinic, in St.

Petersburg, recommends (St. Petersburg Inaugural Dissertation, series of 1892–1893, No. 4, p. 233) the common watermelon (cucumus citrullus; Russ. arbooz) as a diuretic or hydragogue in cases of ascites due to cirrhosis of the liver. A freshly prepared juice of the delicious fruit should be ingested by the patient in abundant quantities.

[In the South-Russian peasant medicine the watermelon, as a diuretic means, has been largely used since time immemorial. Professor V. A. Manassein more than once drew attention of the profession to the cheap popular remedy which he recommended even as a substitute for grapes in certain cases. The fact that the watermelon juice is actually endowed with powerful hydragogue properties has been placed beyond any doubt by Professor S. A. Popoff's experiments published several years ago.—Reporter.]

Lilac as an Anti-Malarial.—Amongst very numerous anti-malarial remedies employed in the Russian popular medicine, the common lilac (syringa vulgaris; Russ. siren or sinel) occupies a fairly prominent place, being regarded especially useful in inveterate or obstinate cases of intermittent fevers. The method of treatment consists in the internal administration of an aqueous infusion of the lilac leaves. According to Dr. Vasily G. Stadnitzky, of St. Petersburg (St. Petersburg Inaugural Dissertation, Series of 1892–1893, No. 35, p. 31), who made some therapeutical experiments with the simple remedy, the latter proves to be actually efficacious and fully deserves the attention of scientific practitioners.

Berne, Switzerland.

VALERIUS IDLESON.

An Interesting Letter.—A St. Louis veterinary recently received a letter (type-written) conceived in the following terms: "We write you again to you in reference to stallion upon whom you operated Sunday week. He seems to have done well, with the exception of the last three inches of the *womb* which is not yet closed and discharges. We desire you to make it convenient to visit —— in the latter part of this week, and wire us what train you will take."

We have nothing further to add.

## Medical Progress.

#### THERAPEUTICS.

Phosphate of Copper in Tubercular Tumors.—Dr. St. Germain, the well-known Paris children surgeon, uses two injections of copper in white tumors (Am. Ther.). The first contains: Crytallized phosphate of soda, 5 grammes, with distilled water and glycerin, of each, 30 grammes. The second: Acetate of copper, 1 gramme, to twenty each of water and glycerin. are mixed without filtering. They must be well shaken before using. As a rule, they are injected behind the great trochanter only once in two weeks. It is not very painful and shows its action by fever, which will run up to 38° or 39.5° C. (100° to 102° F.), and lasts three days. There is a local swelling of the ganglia, and some pain and stiffness. After the fever drops the whole general state improves, and the patient gets quite lively and gay, with an excellent appetite and general improvement.

Peroxide of Hydrogen in Cholera.—Dr. Elmer Lee in an article (Chicago Med. Rec.) makes the following statements: For internal treatment my experience taught me that the medicinal peroxide of hydrogen, of Marchand, given in cupful doses of the strength of four per cent., or even much stronger, was a better antiseptic than any other drug heretofore known in the treatment of cholera. Then the treatment would be, first, immediate irrigations with hot water and soap, using from one to three gallons at a time twice a day for the first and second day. Once a day afterwards if required, which is seldom the case. the same time cleanse the stomach with medicinal peroxide of hydrogen and hot water used freely-by urging the patient to The feeding and nursing are the same as would be required by a patient suffering from septicæmia or other prostrating My belief is based upon personal experiences and the following surgical measures and medical treatment, viz.: Irrigation of the bowels, always first, with hot water made soapy with neutral liquid soap or a good castile soap; second, cleansing and rinsing the stomach with hot water and medicinal peroxide of hydrogen, of Marchand, continuing till it is well washed; third, food and nursing; fourth, medicinal peroxide of hydrogen of four per cent. strength given in cupful doses at intervals of two hours during the sickness till convalescence; fifth, meet the requirements as they come up, as would be done in any other grave disease, using whatever personal experience has taught us to believe is good. Cleanse the bowels, wash the stomach, feed the sick, keep them warm if cold, and reduce excessive heat by the cool bath rather than reliance upon drugs, using anything in an emergency that is the easiest and the most accessible to procure. The cholera patient may be convalescent inside of the first few days, or if not convalescent and not dead, the case goes into the typhoid state, after which convalescence may be deferred for several weeks, or death may be the conclusion. The temperature prior to the fifth day is generally subnormal or a little above, but on the fifth day marked exacerbation and elevation of temperature indicates the typhoid condition.

Aperient Pill of Sumbul: An Efficient Combination,— Dr. J. V. Shoemaker writes as follows (Med. Bull.): Sumbul, or musk root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action and is beneficial in depressed or excitable conditions of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism and nervous dyspepsia. The extract is given in the dose of one-fourth to one grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals—especially women—with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties and sluggish movements of the bowels, I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination which I have devised is now put upon a large scale by the well-known manufacturing pharmaceutists. Messrs. Wm. R. Warner & Co. Each pill contains:

R.	Ext. sumbul	gr. j.	
	Asafœtida		
	nxt. cascar. sagrad		
	Aloin		
	Ext. nucis vom		
	Gingerine	gr. ½	4.
3.5	Mh a dana in ann an tura milla	•	-

M. The dose is one or two pills.

From a long list of cases in which the above pill proved of value a few examples are selected:

A light complexioned, florid young woman became subject to spasms of hysterical chorea. There were twitching and jerking of the muscles of the forearm and face. Two pills were administered thrice daily with excellent results. The paroxysms gradually became less frequent, and at length ceased.

A woman was subject to aching pain in the loins, radiating to the pelvis and groin. Attacks of intercostal neuralgia also occurred; she was weak and often had palpitation of the heart. The patient made a complete recovery.

The same treatment was of marked benefit in the case of a woman who, consecutive to her first confinement, had suffered for nearly a year from palpitation, dyspepsia, constipation, masto dynia, headache and giddiness. The action of the heart was rapid and irritable, but there was no organic disease.

A lady, about five weeks pregnant, suffered from an almost constant headache and could not sleep well; was nervous, depressed, weak, dyspeptic and constipated. The pills corrected the state of the digestive apparatus, banished the pains and nervousness, and the patient progressed without special difficulty to the end of her term.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Opium Poisoning in Opium Smokers.—In a note, Michaut (Bull. Génér. de Therapeutique) calls attention to the. fact that, contrary to popular ideas, opium smoking always produces depressant effects. The opium smoker, from the very beginning of the habit, loses the equilibrium of his mental faculties (Ther. Gaz.), cannot do properly any serious work; and what is held by him as sharpened intellectual activity is nothing but the result merely of impulsiveness, his acts being really worthless. The victim loses the consciousness of his personal worth and becomes a subject of flattery and illusionary thoughts and feelings. So much for acute poisoning. In regard to chronic cases, patients become general paralytics and monomaniacs, and the drug, far from sharpening their mental faculties (as they in their distorted minds believe), causes in them anæmia, general debility and intellectual weakness. The therapeutic means to combat all

these cases appear to be sufficiently plain, and, among others, the author recommends the establishment of severe penalties for opium smoking *habitués*, and the removal of these from places where the custom becomes almost a law.

Bicarbonate of Soda and Digestion.—Linossier and Lemoine, in a recent communication to the French Academy of Medicine, conclude that bicarbonate of soda in all doses excites gastric secretion. According to their observations, the dose which produces the most powerful effect is one of five grammes given an hour before a meal. The action is prolonged beyond the day of administration, an increased secretion being kept up. It is essentially to be used in cases of insufficient gastric secretion, and ought to be given some time before a meal. In cases of excess of acidity it only acts as a palliative, and there is a risk of its aggravating the condition. They suppose that the administration of hydrochloric acid is of more service in diminishing the excess of secretion, just in the same way that alcohol retards alcoholic fermentation, or lactic acid lactic fermentation.

#### DISEASES OF WOMEN AND CHILDREN.

Treatment of Post-Partum Hæmorrhage. — Herman (Revue Médico-Chirurgicale des Maladies des Femmes) states that compression of the vessels is the most rational means of arresting post-partum hæmorrhage. As preventive means the following consideration should be borne in mind (Ex.): To render assistance if the uterus is inactive, to pay most minute attention to the details of the third portion of delivery. As treatment he advises massage of the uterus, with the hand placed upon the If this is not successful, the introduction of the hand into the uterus to prove conclusively that it is perfectly Finally, injections of hot water within the uterine If these means fail, persistent bimanual compression of cavity. the uterus should be made, assisted in its action by putting the infant to the breast. Injections of iron solution are dangerous, because they may cause death by distension of the uterus, peritonitis, or septicæmia. The introduction of idoform gauze is not without its disadvantages; sometimes it is a means of allowing air to enter the veins, and it always prevents normal contraction of the uterus.

Treatment of Glandular Endometritis of the Cervix.—Hartman (Annales de Gynècologie et d' Obstètrique) says this form of endometritis is very common in young girls, and is characterized by a discharge of white or light green, thick, tenacious fluid. The presence of the gonococcus has been noted in a number of cases. It obstinately resists curetting, but has been ameliorated by such treatment, and indeed sometimes cured.

Doléris recommends scarification of the mucous membrane, which will allow the penetration of medicinal agents, while Bouilly suggests ablation of the mucous membrane of the diseased area.

After the mucous membrane has been removed, the cervix should be freely painted with a mixture of glycerin and creosote (1 to 3), and the cervix and vagina packed with iodoform gauze. The dressing should be removed in forty-eight hours and a fresh piece of gauze, wet with glycerin creosote, should be inserted within the cervix. There is occasionally serious hæmorrhage during this operation, which requires a tampon for its relief. If the disease returns, the cervix should be amputated, as recommended by Schroeder.

#### SURGERY.

Ichthyol Suppositories are commended in chronic prostatitis by Dr. A. Freundenberg, of Berlin\*. The latest information on the morphology and treatment of cancer we owe to the untiring efforts of Prof. Adamkiewicz, of Vienna. Though he has totally failed in discovering a specific microbe, he nevertheless insists upon the striking analogy between cancer and other infectious diseases generally, because each is characterized by a primary focus and metastatic auto-infection.

The author is inclined to look upon the cell element as the source of toxine, or *cancroine*, as he terms it. With others, he has observed the stages of their development and growth which do not belong to any other cell structure, inasmuch as it does not share in the constructive qualities of physiological cells, but, on the contrary, carrying the seed of self-decay and the destruction of other elements with it, the appellation of *cancer cell* may apply in that sense. That Cohnheim's hypothesis of embryonal cell does not cover its character, the author has already ex-

<sup>\*</sup>Transactions of the Congress for Medicine, April 20, 1893, at Wiesbaden.

plained on another occasion.\* After careful deliberation, Prof. A. has come to the conclusion that the so-called cancer cell is the direct source of cancerous toxine or cancroine, serving as provocation, and by analogy furnishes the material for its extinction.

Either position Prof. A. tries to support by inoculation. The nervous system, especially the brain of rabbit, is the most susceptible, and he has succeeded in exciting a cancerous invasion and following the development and distribution of the cancer cells through and over the surface of the brain; and the neurin prepared from the infected brain he has found effective in healing cutaneous cancer affections in men.

Pfeiffer (Weimar) was able to affirm the same results from similar experiments. Ruffer states, in the *British Medical Journal*, No. 1662, that he has observed parasitic protozoa in cancerous tumors. They appear as very small, round granules within cells and in outside groups.

The article of Dabourley† (Lyon) on intracranial surgery impresses the reader with the apprehension that the author indulges in dangerous operative experiments, in some instances for the purpose of diagnosis. He relates thirty cases upon which he performed craniotomy, with but four recoveries. Under the indications for the operation he mentions meningitis, intense headache, hydrocephalus, suspected abscess, Jacksonian epilepsy, etc. Though asepsis has rendered such undertaking less perilous, yet there still remains the danger, as we learn from other disastrous results of the author, when puncture of the spinal cord would have equally answered.

L. B.

Charcot Dead.—A cablegram from Paris announces that Jean Martin Charcot, the distinguished French physician, died on August 15th at Morvan.

Charcot was born in Paris in 1825. In 1856 he was appointed physician to the Central Bureau, and from that time devoted himself to the study of the nervous system. His writings have been quite voluminous. He was a member of the Institute of France, of the Royal Irish Academy, of the Royal Medical and Chirurgical Society of London, and of many other scientific societies in various countries.

<sup>\*</sup>Untersuchungen, etc., Vienna, 1893. Braumueller, publisher.

<sup>†</sup>Arch. Prov. de Chirurgie, etc.

#### Book Reviews.

A Chapter on Cholera for Lay Readers. History, Symptoms, Prevention and Treatment of the Disease. By WALTER VOUGHT, Ph.B., M.D. 12mo., pp. 110. Illustrated. [Philadelphia: The F. A. Davis Co., 1893. Price 75 cents net.

This is a most excellent book, which is very opportune at the present time, in view of the threatened invasions of cholera to which we have been regaled for the past year. It is written in a very plain manner, and, although it is intended for lay readers, there are many physicians who could profit by a careful perusal of its pages. The illustrations are well selected and clear, the plates being especially well executed. Whilst the therapeutic part could well have been omitted, there is very little danger that any non-professional will attempt the treatment of so serious a disease as cholera. We can safely advise our readers to recommend the book to patients who are possessed of sufficient intelligence to understand its contents.

Transactions of the Medical Society of the State of New York. For the Year 1893. 8vo., pp. 540. [Printed by the Society, 1893.

We have reviewed former issues of the Transactions of the Medical Society of the State of New York, and we found naught for them but words of praise. The present volume, however, is without doubt the best one which has been issued so far. general make-up and appearance it keeps up the high standard adopted by the society. The binding is not only durable and substantial, but it is elegant with its gilt edges, and the book is one fit to grace the shelves of any library. The papers this year are above the average, not only so far as the subjects are concerned, but as regards the manner in which they are handled, being, in several instances, most magnificently illustrated. will not make any invidious distinctions by particularizing; suffice it to say, that the best writers of the city and State of New York will be found among the contributors, and their papers are replete with useful and reliable information. It would amply repay anyone to buy this volume, which we believe can be done by addressing the secretary, Dr. Fred. C. Curtis, of Albany, N. Y.

## Literary Notes.

Food has changed editors. Our talented and brilliant friend, Dr. Chas. H. Stowell, has editorial charge of *Food*, and we have no doubt whatever that he will make it as great a success as he has of every publication which has hitherto profited from the fruits of his graceful and facile pen.

Medical Jurisprudence and Toxicology is the title of a work soon to be issued from the press of Messrs. Wm. Wood & Co., of New York. It is to be edited by Dr. R. A. Witthaus, of New York, and Mr. Tracy C. Becker, of Buffalo. It will be a complete work in four volumes, sold by subscription only at the rate of \$5.00 per volume in muslin and \$6.00 in leather. The list of contributors is not only a good one, but embraces some of the best American writers on medical jurisprudence.

The Funny Bone is the title of a humorous quarto publication which will soon appear. It will consist of about 124 pages, profusely illustrated with original comic designs from the pencil of that well-known pictorial humorist, Dr. Louis Crusius. The book will be replete with jokes and is intended for doctors, druggists, dentists, medical students, and others. It will be published at the very low price of 50 cents by the Funny Bone Publishing Co., 1421 Market St., St. Louis.

The Medical Progress has changed editors. Dr. W. Carroll Chapman has assumed the tripod and he intends to make our cotemporary more lively than ever.

Journal of Surgery, Gynæcology and Obstetrics is a new aspirant for favor which has just appeared. It is a monthly octavo of 64 pages, edited by Dr. C. Evans Johnson, at Atlanta, Ga. The subscription price is \$2.00 per annum.

The Operation Blank of Dr. W. W. Keen is, perhaps, one of the best ever issued. It is so arranged that everything needful for an operation, no matter what its nature may be, can be indicated by the surgeon, and one-half given to the nurse and the other to the drug store. W. B. Saunders, of 925 Walnut St., Philadelphia, publishes this exceedingly handy tablet at the low price of 50 cents net.

Books Received.—The following books were received during the past month and are reviewed in this number of the JOURNAL:

Transactions of the Medical Society of the State of New York for the Year 1893. 8vo., pp. 540. [Printed by the Society, 1893.

A Chapter on Cholera for Lay Readers.
Prevention and Treatment of the Disease.
Ph. B., M. D. 12mo., pp. 110. Illustrated.
Ph. A. Davis Co., 1893. Price, 75 cents net.

The Physician's Leisure Library:

Sterility in the Woman and its Treatment. By Dr. de Sinéty. Translated by E. P. Hurd, M.D. 12mo., pp. 130. [Detroit: Geo. S. Davis, 1893. Price, 25 cents.

The Bacterial Poisons. By Dr. N. Gamaleia. Translated by E. P. Hurd, M.D. 12mo. pp. 136. [Detroit: Geo. S. Davis, 1893. Price, 25 cents.

Sterility in the Woman was at one time regarded as a disgrace, until the researches of medical men demonstrated the fact that it was a condition frequently dependent upon diseased states of the pelvic organs. No one has done more in this direction than Dr. de Sinéty, the well-known continental authority on obstetrics and diseases of women. He has written a most popular text-book on gynæcology, which has run through a number of editions. Dr. E. P. Hurd has condensed this in a small book of 130 pages, which forms a recent number of the Physician's Leisure Library, which may be consulted with profit by the physician. It is published by Geo. S. Davis, of Detroit, at the remarkably low price of 25 cents.

Bacterial Poisons are far from being thoroughly understood by the profession at large, and any aid offered it to attain a clearer and more definite idea of them should certainly be received with more than ordinary interest. To withhold approbation from the work of Dr. N. Gamaleia on this subject would be impossible, as he has done more perhaps than any other writer in the elucidation of this obscure subject. One of the late numbers of the Physician's Leisure Library, published by Geo. S. Davis, of Detroit, price 25 cents, is a translation of this valuable monograph by Dr. E. P. Hurd. The work is divided into three general parts, devoted severally to the history of microbial toxicology, general toxicology and special toxicology. It is so interesting that once it is begun the reader will not lay it down before completing it, and will afterwards find it of frequent use for reference.

## Melange.

To Obscure the Taste.—Gymnemic acid is the active principle of Gymnema sylvestris, the formula of which is  $C_{32}H_{55}O_{12}$ . It is a greenish-white powder, having a sharp, acid taste; very soluble in alcohol, but slightly soluble in water and ether. When the tongue is touched with it, the taste is completely lost for sweet and bitter. The subjects of the experiment are incapable of perceiving the taste of quinine or of sugar, while that of acid, salty, astringent or spicy substances is completely recognized. Availing himself of this fact, Quirine recommends, before administering bitter remedies, that the mouth be rinsed with a 12 per cent. solution of gymnemic acid in alcohol and water.

Pan-American Medical Congress.—How to Get There.
—Railroad Accommodations Extraordinary.—The delegates from St. Louis, the West and Southwest will leave St. Louis Saturday, Sept. 2d, and Sunday, Sept. 3d, in through sleepers over the Big Four and Chesapeake and Ohio Route, and will be joined at Cincinnati by the delegates from Indianapolis, Chicago and the Northwest, and at Huntington by the delegates from Louisville and the South.



SCENE ALONG NEW RIVER.

The Chesapeake and Ohio Railway is a direct line from Cincinnati to Washington and from Louisville and Lexington to Washington, and through its connections it offers the most desirable route for time, smoothness and equipment from St. Louis, Chicago and other cities of the West, Northwest and Southwest to the National Capital.

The F. F. V. Vestibule Limited is one of the famous trains of America. It is lighted throughout with electricity, and carries a through dining car from Cincinnati to Washington and New York. Through palace sleeping cars run between Chicago and Washington via the Big Four and Chesapeake and Ohio Route, and arrangements will be perfected for running through sleepers from St. Louis to Washington to accommodate visitors to the Pan-American Congress.

The F. F. V. leaves Cincinnati 6:15 P.M., after arrival of trains from St. Louis. It leaves Louisville 2:30 P.M., and Lexington 6:15 P.M. The Washington Express leaves Cincinnati at 8 A.M., and Lexington 7:15 A.M. The Washington Express is also a vestibuled train lighted with electricity.

After passing Charlottesville and Gordonsville, the route to Washington is through Culpepper, Warrenton Junction, Manassas, Bull Run, and other of the more famous battle fields of the late war.

White Sulphur Springs, the Warm, Hot and Healing Springs with their celebrated baths, may also be visited en route.

Virginia is the most fertile touring ground of America, and the Chesapeake & Ohio is the tourists' route.

The rates of fare will be the same by all of the lines, and, while they have not yet been agreed upon, they will positively not be more than one and one-third fare for the round trip. The one-way rates are as follows: From St. Louis, \$19.25; Chicago, \$17.50; Cincinnati, \$14.00; Indianapolis, \$16.00; Louisville, \$16.00.

Tickets will be sold at those places Sept. 1st to 4th inclusive, good to return leaving Washington as late as Sept. 12th. Ask for your tickets via the Chesapeake & Ohio Railway.

Write for a copy of "Virginia in Black and White."

The management of the Chesapeake & Ohio are using every means in their power to contribute to the success of the Pan-American Medical Congress, and special sleepers will be run from St. Louis, Chicago, Cincinnati and Louisville, for the exclusive use of the delegates. The JOURNAL would therefore advise delegates to take the Chesapeake & Ohio Route, and all go together.

E. B. POPE,

Western Pass. Agt. C. & O. Ry., St. Louis, Mo.

American Surgical Association. -At the recent meeting of the American Surgical Association the following were selected as the officers for the ensuing year: President, Dr. J. Ewing Mears, of Philadelphia; first Vice-President, Dr. Roswell Park, of Buffalo; second Vice-President, Dr. Lewis S. Pilcher, of Brooklyn; Secretary, Dr. J. R. Weist, of Richmond, Ind.; Treasurer, Dr. John B. Roberts, of Philadelphia; Recorder, Dr. De Forest Willard, of Philadelphia; Member of Council, Dr. J. Collins Warren, of Boston; Chairman of Committee of Arrangements, Dr. L. McLane Tiffany, Baltimore. The following were elected to membership: Drs. H. L. Burrell, of Boston; Perry H. Millard, of St. Paul; Albert B. Miles, of New Orleans; Samuel J. Mixter, of Boston; John W. Elliott of Boston; John Parmenter, of Buffalo; J. McF. Gaston, of Atlanta. To honorary membership, Prof. Carl Gussenbauer, of Prague.

The William F. Jenks Memorial Prize.—The third triennial prize, of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Infant Mortality During Labor, and its Prevention."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1895, addressed to Horace Y. Evans, M.D., Chairman of the William F. Jenks Prize Committee.

The essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,

August 1, 1893.

Secretary of the Trustees.

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Postponement of the International Medical Congress.—We have just received the following letter:

NEW YORK, August 6, 1893.

Mr. Editor:—The undersigned, chairman of the American National Committee of the Eleventh International Congress, has received the following cablegram:

GENOA, August 4, 1893.

Dr. Jacobi, 110 W. 34th St., New York. Congress postponed to April, 1894. Letter follows. Maragliano.

This official information, communicated by the secretary-general of the Congress, interrupts the preparations made for it. As many of our medical fellow-countrymen have been preparing to visit the Congress, which was to be held on September 24th, I trust you will give the news herein transmitted the greatest possible publicity.

Very respectfully, A. Jacobi.

It will be remembered that there was a rumor during the spring that the International Congress would be postponed on account of the question of sanitary safety, which, of course, meant the danger of cholera. Cholera has existed in Naples during the past month, and has been reported by cable to have appeared in Rome.

The Congress was to have met on the 24th of September, and it is probable that this postponement is due to the possibility of a serious outbreak ( $Boston\ M.\ \&\ S.\ J.$ ). It will be a disappointment to those who have already made preparations for attending the meeting this autumn; but, on the other hand, the month of April in Rome is delightful, and it is possible that as many may

be tempted to go at that time. The change in time will also, perhaps, increase the attendance at the Pan-American Congress in Washington, and also the number of physicians, both American and foreign, who will visit the World's Fair in Chicago.

The Pan-American Congress.—For the meeting of the Pan-American Medical Congress to be held in Washington, D. C., beginning Sept. 5th, the Ohio and Mississippi Railway offers a through train service which is not equalled by any other line. It is, properly speaking, the only direct through car line from the Mississippi River to Washington.

Our morning and evening trains leave St. Louis daily, run through to Washington via the picturesque Baltimore and Ohio route, with Pullman vestibuled buffet sleeping coaches, delivering passengers in Washington at reasonable hours and in advance of all competitors.

No other line affords a double daily sleeping car service between St. Louis and Washington. Delegates and others attending the Medical Congress will be furnished full information as to reduced rates, etc., on application to G. B. Warfel, General Western Passenger Agent, at the city office, 105 N. Broadway, St. Louis, Mo.

Shamelessness Extraordinary.—From a widely-scattered circular, appealing to the morbid fears of the sexual hypochondriac in the customary language, we quote (*Med. News*):

"In all cases where the organ is small, or where it has become relaxed through self-abuse, disease, or age, the conjector, developing liniment, and nerve seeds should all be used at the same time.

The price of the conjector is	310	00
Three bottles of developing liniment	5	00
Six packages of nerve seeds	5	00
One suspensory bandage	2	00
\$22 <b>00</b>		

"When the whole course of treatment is ordered at one time, we will prepare and send it by express to any address on receipt of \$20.00."

It is fully explained in other parts of the circular that the "conjector" acts like a cupping glass, the air being exhausted, etc. The drug stores are acting as local agents in this execrable traffic. Is there no city law or State law in Chicago to stop it?

### Miscellaneous Notes.

Sennine.—The advertisement of Sennine, "The New American Antiseptic," appears for the first time in this issue. A product of phenol and boracic acid, the two best germicides known—in powder form (2 oz. tin boxes with inner top perforated, convenient in applying on the wound surface) and readily soluble, five parts of Sennine dissolving in one hundred parts of water. Comparatively inexpensive—non-poisonous and free from disgusting odor—safe internally as well as externally, thus promising much in general medicine as well as in surgery. We bespeak an early trial of Sennine by our patrons. Free sample sent upon application to the Dios Chemical Co., St. Louis, Mo.

Strontium Bromide in Epilepsy.—The constantly increasing number of incurable epileptics, both in asylums and at large, occasions an ever-growing demand for new drugs, from which we may at least hope to effect some improvement, in either physical condition or a diminution of the number of seizures.

Among the recent applicants for medical favor in this line has been the bromide of strontium (Paraf-Javal), purporting to be a salt free from the impurities of the ordinary commercial article, which renders it unfit for continued use or even poisonous in This statement as to its non-toxic action we moderate doses. have found to be well-founded, no evil result having followed 30-grain doses repeated thrice daily, and no case that has been treated with the salt has shown other than beneficial results Above all, we have to note continued absence of a bromide acne (even the disappearance of the rash, though it was present when the use of the strontium was commenced), a very much lessened somnolent effect, the patients without exception appearing brighter and more cheerful under its use than with the sodium salt, and finally certain excitable cases were less quarrelsome after seizure than under the every-day treatment; points all of very considerable value, both in private and asylum practice.— Times and Register, July, 1893.

Elixir Six Iodides in Syphilis, etc.—T. J. Kneuper, M.D., 119 East 123rd street, New York City (late city physician and acting police surgeon of 2d district, Jersey City, N. J., and surgeon 11th Regiment, N. Y. S. M., &c.). "I have treated two cases of chronic general syphilis and one case of papular eczema with Elixir Six Iodides (W. G's.), and am free to confess the preparation is the best I have ever used whilst in practice.

"I have also treated one case of chronic cerebral congestion, caused by alcoholism, and one of nervous irritability with the Elixir Six Bromides (W. G's.), and have had most excellent results."

Bromidia in Insomnia of Pneumonia.—T. H. J. Price, M.D., etc., No. 4 Lorne Villas, Clevedon, Somerset, England, May 23d, 1891, writes: "I take pleasure in giving the following notes on bromidia. A patient, age 28, suffering from pneumonia and typhoid blood poisoning (the latter was contracted when in the convalescent stage), complained of insomnia, and I put him on bromidia. Even when in good health he had suffered more or less from insomnia, but after having taken bromidia he slept without difficulty and very naturally, and no headache or constipation followed its use, as was the case when other narcotics were administered. I was very pleased with the results, and prescribe bromidia often now."

We request the attention of our readers to Messrs. John Wyeth & Brother's advertisement in this issue, relating to their Effervescent Lithia Tablets, Ophthalmic Discs, Beef Juice, Liquid Extract of Malt, etc., etc.

Prophylaxis of Cholera Asiatica.—"I have been prescribing preventive medicine for diphtheria for many years and never had a second case develop. When diphtheria appears I have made it a constant practice to put all those exposed to infection upon Listerine, taken in drachm doses at each meal; and during the three years of la grippe I ordered my family and all my friends' families to use it after each meal, as long as there were any cases in our city. I did not once fail in preventing both diphtheria and la grippe when Listerine was taken faithfully. In several instances persons being called from home neglected the Listerine preventive treatment, and returned in a week or two with la grippe fully developed. I believe that the only safe quarantine against cholera is to quarantine the alimentary tract, and for this purpose I shall trust to Listerine. It will prevent diphtheria and la grippe, and I feel sure it will prove equally efficient in the preventive treatment of cholera."

J. H. STRINGFELLOW, M.D.,

Prof. Hygiene, Northwestern Medical College, St. Joseph, Mo.

Cactina Pillets.—I have used Cactina Pillets and find them very valuable in common heart troubles when weakness and irregular action is manifested. I shall use them in the future.

ALBERT DAY, M.D.,

Boston, Mass.

Supt. and Phys. Washington Home.

# THE ST. LOUIS Medical and Surgical Journal.

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## Original Communications.

A STUDY OF THE NOW KNOWN NINE SPECIES OF FAVUS.\* By Dr. Neebe and Dr. Unna. Translated by Bernard Wolff, M.D., of Atlanta, Georgia, Clinical Assistant in Dr. Unna's Dermatological Clinic at Heidelberg.

Definition of the genus Achorion, and the key to the determination of the several species.

#### GENUS ACHORION.

Colorless hypomycetæ, composed of hyphens with septa, which, without the intervention of the fruit-hyphens, furnish colorless fruit. The latter originate on the natural nutrient soil of the horny layer, hair and nails, from a division of the hyphen into spore chains, transformed into round or angular single spores. In the interior of artificial nutrient soil similar single spores from the foregoing spore chains are found, or on the exterior round single aerial spores, after the formation of a full aerial mycelium.

Here and there in the artificial nutrient soil vesicles are formed, from which yellow masses are extruded.

<sup>\*</sup> From Dr. Unna's Dermatolological Laboratory at Hamburg.

SPECIES OF ACHORION GROWING UPON THE HUMAN AND ANIMAL HORNY SUBSTANCES, AND FORMING AFTER SOME TIME UNIFORMLY CHARACTERISTIC DISH-SHAPED PRODUCTS, SO-CALLED SCUTULA

Aerophilic species. Abundant aerial mycelium. Aerial spores. No swellings.

Growth diffuse. ic Rosaries. No end vesicles and yellow Wooly white surface. Island-like growth. Growth acromegal-

Acromegalic growth. Many vesicles and yellow masses. Humped, hollow, white cushion with broad, Hemispherical, solid, white focus with small Sharply defined in nutrient soil. Under sur-Strong acromegalic growth. Few vesicles and yellow face vellow. masses. Growth acromegalmasses.

Slight aerial myceli-

Aerophobic species. um. No aerial spores. formed

Variously swellings.

hazy, marginal zone. Sprouts in the depth, reaching up almost perpendicularly, and ending by being cut off spreads out nearly horizontally; generally radiate here Immense number of vesicles and yellow masses. Acromegalic growth. Flat white cushion with broad, hazy, marginal zone. In nutrient material mycelium level. Under surface brownish yellow. and there moss-like. Usuall Under surface greenish yellow. ic. End vesicles and yellow masses. rosaries.

Fungus either without long sprouts, angular in the perpendicular, or flat and provided with mossy twigs.

Rosaries never so numerous and regular. Tarsi.

Fungus forming flat plates with streaks of mycelium Very nume our regularly formed rosaries. No tarsi. coursing in nutrient soil. Growth acromegalic. End vesicles and yellow masses. Rosa-

Favus sulfureus cel rior. Favus Sardiniensis. Achorion radians. Achorion atacton. Favus griseus.

Abundant aerial mycelium. Surface

Flat white surface with radiate expansion of aerial

mycelium. Zone formations. depressed at periphery.

Growth very slow, exquisitely island-formed.

Very rapid growth. Very abundant aerial mycelium.

Surface uniform. Growth rapid.

Achorion euthythrix.

Achorion acromegalicum. Favus sulfureus tardus. Ach rion dikroon. Favus Scoticus

Achorion demergens. Favus Batavus.

Favus Hamburgensis. Achorion cysticum.

Usually irregularly defined

Achorion moniliforme.

Acherion tarsiferon. Favus Polonicus. Favus Bohemicus.

MODE OF GROWTH AND CLASSIFICATION OF THE SPECIES OF FAVUS.

After the etiological investigation of favus had settled for a long time, in the last few years it has been energetically taken in hand in all civilized lands and measurably advanced.

It was, however, taken up by many investigators who were in error in so far that, after having succeeded in securing a single pure culture of the favus fungus, they were inclined to hold this as accurate and final and this alone. But this question is today happily over, and this dispute adjusted in the same simple and natural manner as that in Lessing's story of the three rings.

All the different species of favus are probably distinct, but to establish this fully it is necessary to make inoculations upon men and animals of each separately.

First advanced by Quinucke and subsequently confirmed by Unna, the doctrine of the multiple nature of favus received daily new confirmation, after interest in the matter had been aroused, and suitable material, by friendly international interchange, had been obtained.

It appears to us, therefore, that the time and the interest in the matter warrant us in formulating a comparison and summary of the species of favus known with certainty to be sufficient; and hence we give in the following short review of our own favus cultures in the form of an index.

Taking this as a guide it will be easy for an investigator to define his favus species with accuracy and compare it with ours.

We desire, in this connection, to offer our lasting thanks to those of our colleagues, who, by sending us favus specimens or cultures, have greatly increased and enriched our material. These were Drs. Douglas of Edinboro, Funk of Warsaw, van Hoorn of Amsterdam, Mibelli of Cagliari, Plant of Leipzig, and Wulff of Langenhagen.

A marked physiological as well as morphological difference in the favus microscopianism consists in their greater or less need of oxygen. The chief division of the favus species rests upon this principle.

To the first of these divisions belong those species of Achorion which develop upon the surface of nutrient soil, an abundant aerial mycelium (luftmycel), with peculiar aerial spores. To this class (aerophilic) belong up to now three species. They grow in the cultures generally quicker and develop scutula more read-

ily when inoculated upon living beings. Furthermore, they will probably be more easily combatted therapeutically because of their superficial growth. A weighty negative characteristic of the first group, is that they form no such expansions as the aerophobic class exhibits. The further division of this group rests upon simple quantitive and mechanical growth differences.

Much more interesting are the growth differences exhibited in the second or aerophobic group.

The characteristics of this group stand in direct contrast to the first, in that they produce only a few slight aerial mycelium without aerial spores, and show marked expansions in the hyphen in the nutrient soil.

The latter quality serves to form a material subdivision of this group. We know at present three different kinds of such expansions.

First, only the extreme end of the forked hyphen thickens and produces end-twigs, which have been appropriately likened to candelabra, antlers, etc. This simplest form of expansion is exhibited by all the members of the aerophobic group.

We propose to designate this form of growth simply acromegalic, so that every medical man can form at once a correct mental picture of this condition.

Again, in certain members of this group there is a tendency in the swelling or expansion from cell to cell for the septa to undergo a sort of contraction coincident with the increase in dimension. This condition reminds one strongly of an inflated colon, a rosary or a string of pearls, in that the increase latterly is accompanied by a foreshortening of the hyphen cells longitudinally. We shall call these briefly rosaries.

Besides the already established varieties, absolute knowledge of more recent date has been gained of a third form of expansion. Already earlier investigators in this field (for instance Roberts) had, from time to time, observed a marked terminal swelling in the form of round or oval vesicles. Král then established that these vesicles extruded a yellow substance which he called "yellow bodies (gelbe körper)." Plant, with whom we entirely agree, explained conclusively that this yellow substance was simply the fungus protoplasm squeezed out by internal contraction.

We call this third form of expansion briefly, end-vesicles with yellow masses, although these vesicles are not always terminal, but may be median and lateral. It appears by investigation of the six acromegalic favi already known to us that the Bohemian favus, which Král and Plant have submitted, does, indeed, form end vesicles, but that there are other forms of favus, as a Hollandish and Hamburgh variety, superior in the production of yellow masses; while again there is the favus sulfureus tardus, already described by Unna and Frank, which grows exquisitely acromegalic, but which forms no end vesicles and no yellow masses.

Consequently this group of areophobic favi arranges itself into two natural subdivisions. In the first, so far alone, stands the achorion dikroon. It grows acromegalic and forms rosaries but no end vesicles.

The second subdivision contains almost always three kinds, having acromegalic growth and vesicles and yellow masses, but no rosaries: Achorion acromegalicum, A. demergens, and A. cysticum, each being readily distinguished by the relative abundance of end-vesicles, and by their different microscopical growth.

In the third division of aerophobic favi we place two varieties, which, besides possessing acromegalic growth, form end-vesicles and yellow masses as well as rosaries. These are sharply distinguished by their formations, styled by us Tarsi, *i.e.*, peculiar knot-like products, to be described more accurately further on.

Although chiefly concerned in the amplification of the favus species, we are still far from believing that all existing species of the genus Achorion are exhausted with the nine forms already given, or that the now obtaining principles of classification leave nothing to be discovered. There must be fungi suitable and sufficient to form scutula upon the skin. Indeed, it appears to us, in the light of former experience, very probable that this fungus is not less rich in species than the next removed—the parasitic; but that the higher body-temperature does not favor the fungus genera and that we are now in the very infancy of our botanical knowledge of favus.

But these beginnings are already not without practical results in the etiological knowledge of favus as a disease.

We wish to attain the position in which henceforth it will not be sufficient to establish, in a single case of favus, the existence in the neighborhood of a case of animal favus, in order to justify the conclusion of transmissibility, but also where, in a single case, the identity of the species of favus between the human

manifestation and the probable source can be discussed and fully established. Then will the investigation of the favus species become even a more elaborated and interesting chapter of geographical pathology, and not only can every country cultivate its own species but can import and export them.

Dr. Sherwell has sent us from New York a dead mouse, the probable source of a case of favus occurring there. From a pure culture made from this in Hamburg the achorion euthythrix was abundantly obtained. This had probably in turn been brought into New York by favus-mice. Among the favi cultivated from the Hollandish scutula of Dr. van Hoorn, were the achorion demergens and the A. acromegalicum, which we also obtained from the Scottish scutula of Dr. Douglas.

In a favus specimen from a boy in Langenhagen, which we owe to the courtesy of Dr. Wulff, we found again the same achorion radians, which we had before isolated in a pure culture only from the Italian specimen of Dr. Mibelli. If the connection in this case remains unexplained, we believe that we have made a true discovery.

A boy in Dr. Unna's clinic, who had never been in Poland, presented the same achorion tarsiferon which we had gotten from the scutulum from Dr. Fund, of Warsaw. A diligent inquiry elicited the fact that the boy had been in England, and while there had been with the children of Polish emigrants who were infected with favus.

These hints may be of service in directing the attention of our colleagues into this new and interesting field of labor, and in explaining the application of the investigation to practice.

#### CULTURE AND PREPARATION METHODS.

In our culture investigations we usually employ Unna's proposed "middle" nutrient material, composed of agar two to four per cent., with one-half per cent. common salt, one per cent. peptone and five per cent. lævulose. The material sent us, and that which we ourselves have, we treat in this way:

The uppermost layer of the underside of the scutulum is energetically scraped off with a sterilized platinum needle; then with another such needle, again sterilized, the smallest particles are taken up and carried over to the surface of the agar, and the needle drawn across the middle of it. We make, always, a large

number of such cultures. The development of the fungus occurs along the course of this inoculation line. The outstanding isolated colonies are in turn taken up and placed in an agar tube, and form the stock cultures, which are further inoculated every eight to fourteen days.

In many of the culture tubes, as was to be expected, a contamination occurred. In a large majority of instances this was from the staphylococcus aureus et albus, rarely from the "flask" bacillus, very abundant on the head, seldom by one or the other of the yeast fungi, and most infrequently by the penecillum glaucum, or the mucor mucedos.

From our stock cultures we make new cultures, either by drawing the inoculation line on the agar or by placing a small particle of the fungus upon one spot of the cultivating medium. Generally we inoculate again at the circumference of the agar, or, after making the streak, we push the platinum wire under the thickest part of the agar a distance of two cm. between the side of the tube and the agar:

Both of these neighboring inoculations possess the great advantage that the development of the fungus from spores can be observed at many places, and on account of their favorable position often give an excellent opportunity of learning the entire growth of the fungus. On gelatine cultures small particles are placed with a platinum needle. With blood serum cultures we proceed in the same manner as with agar.

In making potato cultures we break up thoroughly in the reagent tube from which we inoculated a particle two to three minims in size and spread it on the upper surface of the potato. On the potato which was sterilized after the usual method the cultures never obtained a good development, because after some days the surface became too dry for the favorable germination of the fungus. We make our potato cultures always in a "damp chamber," while the others are allowed to grow in an open basket at a temperature of  $37^{\circ}$  C.

To obtain information of the morphological properties of the fungus we proceed in different ways.

In the case of the aerophilic species of favus, developing aerial spores, we scrape with a platinum wire and then take up small particles, scarcely visible microscopically, of the portion of the culture which projects above the surface of the culture medium,

i.e., the aerial portion (luftrasen), and inoculate with it fluid agar, cooled to 40° C., then shaking up the fluid agar we put in one to two attenuations and pour out into a sterilized Petri dish. This pouring out is always done under a bell-jar, the floor of which is covered with blotting paper moistened in a one-tenth per cent. sublimate solution. With this precaution we have never had to contend with the entrance of impurities in the cultures. In the plate made from the first inoculation tube, often numerous colonies developed, while in the plate from I. and II. attenuations only a few.

The growing cultures we further examined every day, macroscopically and microscopically. These cultures were allowed to grow independently in a temperature of 37°.

There is a disavantage, however, in the Petri dish, when employed in these observations. The exposure occasioned by the necessary daily examinations rendered contaminations from micro-organisms in the air unavoidable and caused us no little annoyance. To obviate this we use the method of "minimal culture," introduced by Unna, and have generally found it satisfactory, particularly in the case of the aerophobic species, for observing the fructification process in the depths of the medium.

The inoculation of fluid agar and the application of attenuations takes place as described. Then shaking up the fluid agar by rotation of the tube, we pour out the contents of a reagent glass into two empty sterilized dishes, so that the contents of all these tubes is the same. The tubes are then laid down horizontally. The agar then congeals in a very short time. The tubes are then closed with cotton plugs newly sterilized over the flame. ally we pour the contents of one test tube into another in order to obtain a regular distribution of the spores. This process of transfusion must be very rapidly done, so that the agar may not congeal in lumps, when, of course, a regular spreading out of a. thick layer would be an impossibility.

Outside contamination very seldom happened to us. Among a hundred cultures so made there developed one colony of mould fungus.

The tube must lie horrizontally for about an hour, because the agar, not yet hard, sinks down very easily when in the perpendicular position.

The test tubes with the attenuations were treated in the same

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way. For the growth of cultures in these test tubes it is of the highest importance that they be kept in the damp chamber at a temperature of  $37^{\circ}$  C.

In dealing with aerial formations poor in fungi, we carry over particles the size of a pin's head and somewhat larger and lay on at most only one. The particle to be used is broken up fine on the inner side of a test tube filled with fluid agar.

From these fungi rich in spores (rosaries)—anchorion, dikroon, tarsiferon, and moniliforme—we took away particles from the fungus surface somewhat smaller than a pin's head, and, breaking them up in a test tube of fluid agar, put in two attenuations, shook it up and poured out in a sterilized reagent tube.

With those fungi less rich in spores (rosaries)—achorion, acromegalicum, cysticum and demergens—particles as large as a pin's head and larger must be used in the inoculations. By this method of culture we are able to observe and know accurately all the fungi in their development of spores. We use very thin glass tubes and examine with Leitz's objective 7, and Zeiss' D; only in particular instances must Leitz's objective 5 and Zeiss' B or C be used.

Fixing the culture tube upon the stage is accomplished by means of von Schleu's tube holders. With these opening the tube is unnecessary, and entrance of impurities can be avoided.

Budding of spores takes place on the first or second day. The further growth of the fungus up to sporulation, or to full fructification (fruchtbilding), was followed out with great ease.

In the achorion euthythrix and atacton the formation of aerial spores occurred on the fourth day; in the others the producing period was ended by the fifth to the eighth day.

We did not content ourselves with the bare observation of the cultures, but took up small particles of the fungoid material after four, six, eight, ten days, tested the mycelium apart and embedded it in glycerine gelatine. Further, the whole culture was cut up into pieces 1 cm. broad, hardened in absolute alcohol, and the hardened pieces of agar prepared for cutting with the microtome after the ordinary method for tissue preparations. Sections three micros broad were then made. A section was freed of celloidin by immersion in absolute alcohol, ether-alcohol and absolute alcohol again. From the alcohol the specimen was placed on an object-glass, dried and stained after

The fungoid elements took on . Lerion Weigel's fibrine staining method. a full violet-blue color, the agar being entirely decolorized.

This result is obtained only when great caution is used that the section at no stage of the process be allowed to become entirely Instead of gentian violet another stain can be used, for example fuchsin, and a very weak solution of potassium bichlorate can be substituted for the potassium iodide solution in fixing the stain in the fungus. This somewhat detailed method of preparation has the chief advantage that the characteristic formations can be uniformly and regularly demonstrated.

As far as the detailed observation of the growth of the fungus is concerned, there is no easier or more satisfactory method than that of minimal culture.

With blood-serum and potato cultures we proceed in the usual way, taking out specimens on different days, testing apart and examining in one per cent. solution of caustic potash. also hardened potato cultures, embedded them in celloidin and made sections. The Weigert method of staining is here unsuitable, owing to the affinity of iodine for starch, and consequently the decolorization of the potato becomes impossible.

An excellent stain for fungus and complete decolorization of the potato can, however, be obtained by using the alkaline methyl blue, and decolorizing in absolute alcohol. But the mycelium of most of the fungi rapidly degenerates and then stains very badly; and, furthermore, in the first days only the mycelium is present, and the characteristic products of fructification are absent (except in the case of the achorion moniliforme and tarsiferon).

We cannot recommend, therefore, the detailed and tedious staining of potato sections.

The Virus of Canine and Feline Saliva.—The results of an exhaustive examination of the saliva of cats and lap-dogs show that the saliva of the cat is especially rich in all sorts of bacilli, and contains a new form seldom absent and so fatal that rabbits and guinea-pigs inoculated with it died in twenty-four hours. The dog's saliva contains an even greater number of bacteria, plus occasional flukes and the eggs of intestinal worms.

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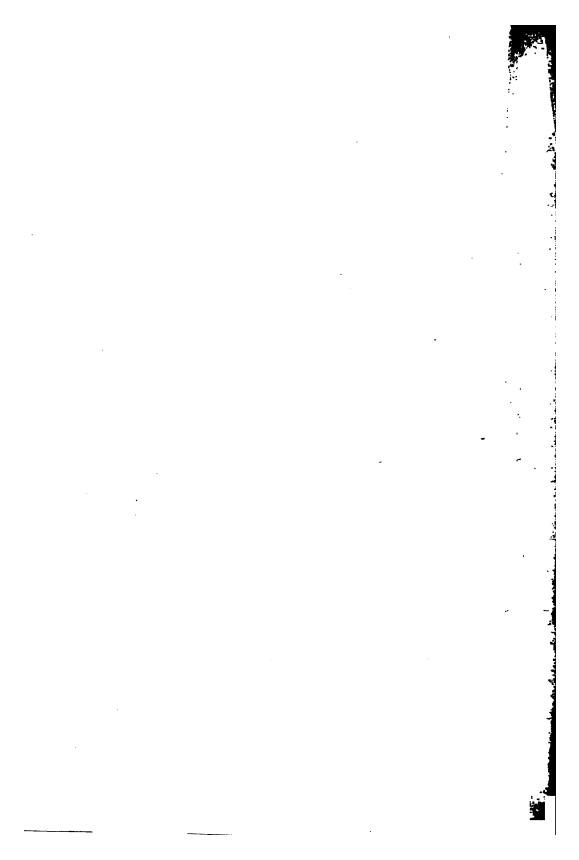
Surface without aerial mycelium. Stellate mycelial expansion in nutrient soil.

Slight fluidification.

thout aerial mycelium. Mossn expansion in nutrient soil. beation after three weeks.

> Fungus sinuously-coursing mycelium. Here and there end-vesicles with yellow masses.

umposed of sinuously-grow-· 4. In the moss-like branches 'and, middle and lateral vesiow masses. No rosaries.



Consultations; Section 10 of Article IV. of the Code. Read before the Southern Illinois Medical Association at its late meeting at Nashville, Ill., Nov. 19, 1892. By C. A. Mann, M.D., of Chester, Ill.

Consultations may be and no doubt often are of great benefit both to the profession and the people. My experience in a practice since 1858 has been varied in the matter of consultation. I have many times in my professional life been greatly relieved, benefited and prompted by the kind efforts and educated assistance of a reliable, unselfish, regular, consulting physician, as you all know there are times when they come to us as a cheering reinforcement in surgical, medical and obstetrical conflicts. How reassuring is their presence and effort in the treatment of compound fracture. They divide the responsibilities and fortify Their skillful suggestions shield us our nervous apprehensions. from danger and suits for malpractice, for "nothing is so dangerous to the reputation of the surgeon as the treatment of fractures." I would under no circumstances underestimate the value of the consulting physician, and doubly so when we know from a happy experience that he is competent, conscientious and reliable in every way. Under the above circumstances his coming brings skill to the patient and genuine help to us in every way.

Section 10 of Article IV. of the code is an excellent statement of the duties incumbent upon the consulting physician; in fact, the entire article contains the sum total of duty we owe to one another in this matter. "A physician who is called upon to consult should observe the most honorable and scrupulous regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him or affect his reputa-The consulting physician should also refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause or ingratiating themselves into favor of families and indi-It would be well indeed for the medical profession if the letter and spirit of the section above quoted were always carefully observed in our intercourse one with another. trend of the code is good, and I only regret that it contains no adequate means to enforce its salutary requirements, for it must be admitted that in many instances these admirable rules are

violated and disregarded. It must also be admitted that many times in the conduct of protracted and difficult cases, when we are confident as to the ultimate favorable termination of the case, we are embarassed, confused, and even disgusted and defeated in our kindest efforts by being compelled to send for counsel; and are often forced to consult with physicians for whom we have very little respect—those whom we know to have received very superficial education, persons of intemperate habits and questionable morals; and at times may thus be compelled to meet and consult with practitioners whose only claim to respectful consideration is based on official position obtained by "partisan activity." Outward appearances are too often potent factors in securing the favor of the public in this matter. A speedy restoration of the patient should at all times be the paramount consideration; but I have reason to fear that the most tender parental solicitude, the most loving effort in behalf of the suffering patient, are very frequently sacrificed by a zealous effort to pay tribute to the most presumptive quackery. Many of the duties of the physician absolutely require the presence of more than one physician; and we take great pleasure in calling to our side friends whom we respect, and in whom we have confidence. By a happy experience we have found them to be reliable; we know that they come to help, and are ever ready to protect and defend; and while we admire the code of ethics, we must admit that it utterly fails to secure uniformity, the benefits for which it was formulated.

A law may be salutary and beneficient, but if it lacks the power of enforcement or fails to provide a penalty it is equivalent to no law at all. If we have been very unfairly treated and supplanted in consultation, deeply wronged and rudely robbed of some of our best paying families, and we attempt to defend ourselves in the usual mode provided by the medical society or the code, we secure by that very act the unfriendly criticism of the public and also of the profession, and we are confronted with the Shakespearean inquiry, "whether it is nobler in the mind to suffer the stings and arrows of outrageous fortune, or take up arms against a sea of troubles and by opposing end them." That's the question.

Another difficulty presents itself in the fact that, as a general rule, those who act in a questionable manner in consultations very frequently are not members of any medical society or association, or if members are only present at the meetings when seeking some lucrative appointment, "bending the pregnant hinges of the knee that thrift might follow fawning."

I do not bring this subject before this association from any personal motive, for I have no special grievance to call your attention to; but I think that in these times of medical progress, when the standard of surgical, pathological and medical knowledge is forging to a higher altitude, that our efforts and agencies for the character of its membership should at least keep pace with our progress in other respects.

PROGNOSTIC APHORISMS. (From the French of Dr. Gabriel Reignier. Translated by Chas. EVERETT WARREN, M.D., Boston, Mass.)

[CONTINUED.]

#### ACUTE BRONCHITIS.

259. Acute bronchitis is serious, as it is intense in character or attacks feeble subjects, old people, infants, tuberculous subjects, or those with an old heart lesion.

#### CAPILLARY BRONCHITIS.

- 260. If in a child there is intense fever and great dyspnœa, accompanied with diminished or aborted cough, with suppression of the nasal and lachrymal secretions, and the stomach does not react to emetics, consider the danger at its height.
- 261. A weak and small or imperceptible pulse and marked change of the features, with stertorous breathing, occurring with convulsions and coma, are symptoms of imminent death.
- 262. Engorgement of the veins of the hands indicates the degree of asphyxia, and concurrently the gravity of the case.
- 263. The gravity is so much greater in adults and the aged, as the crepitant râle is the more diffused and abundant.
- 264. Very old people invariably succumb to one or more of its complications.
- 265. When it succeeds pulmonary catarrh in old age, death is inevitable.

#### PSEUDO-MEMBRANOUS CATARRH.

- 266. When this disease complicates another affection its portent is evil.
  - 267. Joined to a laryngeal diphtheria it is fatal.

#### PULMONARY APOPLEXY.

- 268. The prognosis is always of the greatest gravity.
- 269. Great anxiety, very marked labored respiration, a hurried and very small pulse and coldness of the extremities foretell imminent death.
- 270. When an advanced cardiac affection pre-exists the case is hopeless.

#### ACUTE PNEUMONIA.

- 271. The danger of pneumonia is in direct ratio to the duration of the admonitory chill.
  - 272. A temperature persisting above 104° is a cause of alarm.
  - 273. Double pneumonia is far more serious than unilateral.
- 274. Inflammation with collateral œdema is singularly unfavorable.
- 275. Cardiac paresis is the great factor in the fatality of pneumonia.
- 276. The absence of the "buffy coat" (in blood drawn) is a sign of favorable portent.
  - 277. Beware when the skin continues dry and hot.
- 278. Pneumonia is more serious in very young and very old people than in adults and children over six years of age.
- 279. A weakened constitution or congenital feebleness augur unfavorably.
  - 280. Relapses are more serious than the primary affection.
- 281. Great depression, an extremely rapid and small pulse, syncope or lipothymia, delirium, diffluent blood and "prune juice" sputa form an unfavorable combination.
- 282. The transition to the third degree is rarely favorable.
- 283. The formation of an abscess or the existence of pulmonary gangrene is a fatal complication.
  - 284. Typhoid pneumonia is the most serious type of all.
- 285. Pneumonia at the apex of the lung is an aggravating form.

- 286. Suppression of sputa, increasing dyspnœa and thoracic pain make a bad trio.
- 287. If the features are greatly altered and of a yellowish or greenish hue, if the pulse is over 140 and there is a state of coma alternating with one of delirium, expect the worst.
- 288. Severe, acute or chronic diseases are almost always hastened toward a fatal termination by a consecutive pneumonia.
- 289. Cases of pulmonary phthisis, emphysema and cardiac hypertrophy seldom survive with an intercurrent pneumonia.
- 290. The patient is in peril if pneumonia supervenes in a case of typhoid fever, measles, variola, or puerperal fever.
- 291. Pneumonia complicating hydropsy, diabetes or albuminuria is speedily fatal.
- 292. Hepatic congestion, hæmorrhage, scorbutus and adynamic and ataxic conditions add greatly to the gravity of pneumonia.
  - 293. Gangrenous pneumonia is almost beyond medical aid.
  - 294. Abnormal and latent forms are very serious.
- 295. Lobar pneumonia involving the lower portion and confined to one side, occurring in any age, is almost always curable.
- 296. But if situated at the apex in children of one or two years the peril is great, there being danger of eclampsia.
- 297. Under the same conditions due notice should be taken of the co-existence of teething predisposing to cerebral disturbances.
- 298. In children, brain diseases, enteritis, buccal gangrene, hæmorrhages and relapses constitute dangerous complications.
- 299. In a patient over four or five years of age the occurrence of pleurisy, meningitis, or an eruptive fever often renders pneumonia fatal.
- 300. Pneumonia beginning in an infant with a small and extremely frequent pulse, with very rapid breathing and extreme drowsiness or convulsive symptoms, is in a poor way for recovery.
- 301. If the ninth day passes and resolution is still incomplete, the fever persisting or recurring, the outlook is ominous.
- 302. Beware in cases in which the diarrhea and cerebral symptoms persist, with alteration and sadness of the features, the skin being yellow, irritability excessive, and emaciation pronounced.
  - 303. Death occurs suddenly in the aged.
  - 304. Beyond seventy years of age few cases survive.

#### BRONCHO-PNEUMONIA.

- 305. In infants, apnœa is of serious portent.
- 306. Continued feeble and accelerated pulse at the beginning and during the course of the disease is often prognostic of a speedy and fatal termination.
- 307. Continued coldness of the extremities, with a purple hue of the face, announces great peril.
  - 308. Jerky and diminished respiration is of serious portent.
- 309. Nothing is more unfavorable than a tracheal (subcrepitant) râle, attended with an extended vesicular râle in the chest.
- 310. When the cough ceases at the same time as the nasal and ocular secretions the patient is in danger.
- 311. Convulsions at the onset of the disease presage a severe case. At a later time they mean death.
- 312. Delirium at an advanced stage of the disease in children of advanced years is most often fatal.
- 313. As long as the child breathes there is hope; astonishing resurrections sometimes occur.
- 314. A sad expression accompanied with deep depression, a yellow skin and marked emaciation, with diarrhoea and extreme irritability, presage imminent death.
- 315. Children at the breast rarely recover from lobular pneumonia, whether discrete or confluent.
- 316. Swelling of the hands and feet and involuntary stools are generally of fatal significance.

#### PHTHISIS.

- 317. Phthisis is the less serious as the area involved is small in extent.
- 318. If the fever is slight and the evolution of the primary symptoms slow expect a long duration of the affection.
- 319. Frequent hæmoptysis, the occurrence of profuse sweating a colliquative diarrhea are the prime factors in the last stage of phthisis.
  - 320. When the face assumes a purple hue death is imminent.
- 321. The appearance of purulent and reddish nummular sputa of "thrush," excessive feebleness, abundant sweat and low delirium or indifference, mark a grave condition of affairs; death will ensue within eight days.

#### PLEURISY.

- 322. Diaphragmatic pleurisy often terminates with asphyxia.
- 323. Pleurisy often proves fatal when it supervenes in the course of another disease, however slight it may be.
- 324. It is necessarily very grave when it complicates a preexisting disease.
- 325. If it results from pulmonary perforation it is without recourse.
- 326. Pleurisy announced a long time beforehand by vague pains in the side, accompanied with very small and frequent pulse, portends evil.
  - 327. Œdema of the malleoli is a bad omen.
- 328. Pleurisy in the right side is often a forerunner of phthisis.
  - 329. Double pleurisy is of especially serious portent.
- 330. The prognosis is so much the more serious as the patient is weak, enfeebled and aged, and as the effusion is greater, the inflammation more extended and intense, and the fever more persistent.
- 331. When the heart is crowded by pleurisy on the left side the disease is often fatal if thoracentesis is not performed.
  - 332. Pleuritic effusion in a young child is a grave accident.
- 333. When pleurisy develops in a child under two years of age and passes from an acute to a chronic state expect death.
- 334. Acute secondary pneumonia is very doubtful as to its favorable termination.
  - 335. Cachectic pleurisy is of unfavorable issue in all cases.
- 336. Chronic pleurisy is far less unfavorable in the child under five years of age than in the adult.
- 337. Yet if the effusion becomes purulent and symptoms of hectic fever occur the prognosis is alarming and empyema may ensue.

#### MYOCARDITIS AND ENDOCARDITIS.

- 338. Acute myocarditis is usually fatal, death occurring in four to eight days from the time of invasion.
- 339. Acute endocarditis accompanied with a temperature of 104° to 106°, chills, and an accelerated pulse 120 to 130 (ulcerative endocarditis) is generally fatal.

# Clinical Reports.

SURGICAL CLINIC. By Prof. Louis BAUER, at the St. Louis College of Physicians and Surgeons.

Gentlemen: In placing this patient before you in a nude condition, and inviting your diagnostic scrutiny of his general appearance, form, posture and motion, I shall not think the less of you if you should fail in the task of tracing the serious injuries which he has sustained some years ago.

In the fall of 1885 I received an urgent request to see this young man, who had just sustained a fall of some fifty feet through an elevator shaft. He still showed the terror to which the accident had given rise, and some symptoms of nervous prostration. Intense pain in the back and complete paraplegia, pointing to serious injuries of the spine, prompted me to remove the patient to the Pius Hospital. When he was safely placed in a comfortable bed there and undressed I proceeded with the examination.

There was not a scratch upon the surface of his body. The right femur presented an oblique fracture. The thoraco-lumbar portion of the spine painful, increasing on motion or pressure. Protrusion of the spinal process of the first lumbar vertebra, somewhat depressible. Paralysis of the lower extremities with loss of tendon-reflex. Sensation almost extinct. Detrusor vesicæ without expulsive power; hence retention of urine.

In summing up the status malorum of our patient with which we had to deal:

- 1. Fracture of the spine (probably simple oblique of the first lumbar vertebral body).
- 2. Paraplegia, including the bladder, probably caused by mechanical pressure upon the spinal chord and the cystic plexus.
  - 3. Oblique fracture at the middle third of the right femur.

None will deny the serious character of the injuries and their precarious prognosis. His youth (twenty-two years) and his apparently healthy constitution were, however, in his favor.

In forming the indications of treatment, to the reduction of the spinal fracture, to extension and manipulation were assigned the first place, expecting, if successful, amelioration of pain and paralysis. Accordingly the patient was turned on his stomach. Two assistants took hold of head and left limb, and whilst making steady traction in opposite directions, I cautiously tried to replace the dislocated portion of the spine. The pain was alleviated at once by the proceeding at the time, but the paralysis remained the same.

The patient was then placed in a recumbent position upon a large water bag, thirty by thirty-six inches in size.

The latter has been manufactured at my request and the market supplied with the article for the last thirty years. The water bag furnishes not only a source of comfort to the patients of this

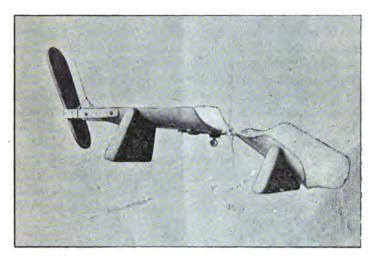


Fig. 8. Bauer's Splint.

class; but by equalizing the weight of the trunk over the entire dorsum, thus being the most efficient, and in my estimation the only protector, against bed-sores.

After this part of the treatment the comfort of the patient had been secured effectively, and I then placed the broken extremity into a double inclined fracture-box of my own device (figure 8) and thus secured the needful apposition of the fragments, besides a comfortable position of the injured extremity.

From the very start the patient enjoyed almost perfect ease, becoming every succeeding day more comfortable. No other causes presented themselves for active interference except uri-

nary or fecal retention. The spinal tenderness gradually subsided also, and pari passu marks of improvement appeared in the paralytic area by increasing temperature and tingling sensation in the limbs.

Before the first month had passed the patient felt a favorable change in the bladder, and by the seventh week he was able to pass his urine without molestation, though but sluggishly. Even this symptom had disappeared at the end of three months, and with it the paralysis had almost subsided. At the end of the fifth month he left the hospital for his home in the environs of this city. If I am correctly informed, the patient resumed in a year after the accident his business pursuits, and has been thus engaged without interruption since that period.

Of course, I kept my eye upon the patient, and I generally managed to bring him before the class once a year for clinical investigation Sometime ago I received a letter from him in which he informed me that he had "fully recovered and felt almost as strong as ever;" that he had "no pain or soreness" in his back, and felt as though "it had never been injured." The fracture of the spine, he said, had healed up perfectly, and he "could not feel the place where it happened." He further stated that he suffered no inconvenience whatever, except a slight weakness in the left limb, and walks, on an average, ten or fifteen miles per day without experiencing any more fatigue than before the injury was received. Signed, John H. Merriman, collector for Hogan Printing Co.

Mr. Merriman has kindly consented to exhibit to you the ulterior results of the accident.

In considering its gravity and the severe injuries which this patient sustained, his almost ideal recovery from their consequences may be justly looked upon as extraordinary. They have been to me as much of a surprise as they have been to others whose interests were as much enlisted in the case as mine.

In examining the patient you will find the motor power and the tendon reflex physiologically correct. Sensation has likewise returned to its normal standard. The prominence of the spinous process, which was in the beginning quite marked, has almost subsided. No tenderness is elicited by pressure in any part of its circumference. Last, but not least, the fracture of the thigh has united with a scarcely appreciable shortening, and this result

has been obtained without having employed pulley and weight, the usual means of treatment in like fractures.

You perceive, besides, that the patient moves without limping,



Fig. 9. Case After Recovery.

and with the ease of a vigorous and healthy young man. So unqualified a recovery from injuries so significant must be ascribed:

1. To the fine state of health which the patient enjoyed at the time of the accident.

- 2. To the prompt removal of the patient to an excellent hostelry for the sick.
  - 3. To the early and efficient reduction of the fractures.
- 4. To the effective means used to maintain rest and favorable position of the patient during a lengthy siege of treatment.
- 5. Undoubtedly to the fact that the fracture of the spine was of a reducible nature, and the paraplegia did depend on mechanical compression and not on structural disintegration of the spinal cord.

In fine, the case (fig. 9) satisfactorily evidences the great service to be derived from rational and prompt treatment even under apparently hopeless auspices.

The Idaho State Medical Society was recently organized at The meeting was a successful one, papers Boise City, Idaho. being read and discussed by those in attendance. The society started with twenty-five of the most prominent men of the State The following are the offiand promises to be a grand success. cers elected: President, Dr. W. W. Watkins, Moscow; Secretary, C. L. Sweet, Boise. Our readers will remember that Dr. Watkins was formerly a resident of St. Louis, where he occupied a prominent position in the profession. We are pleased to see him forging to the front in his new home and wish him continued Under his guidance the Idaho State Society cannot success. prove anything but a success.

The Doctor and the Janitor.—The New York Medical Journal says: The newspapers lately gave an account of an incident that shows one of the attractive features of apartment houses. It seems that two sisters were living together in a "flat," and that during the night one of them went out to get a physician to visit the other, who was sick. When the lady got back to the house, accompanied by the doctor, she was accosted by "the lordly janitor," as the Sun calls him, and told that that was a respectable house, and she could not bring a strange man into it at night! And then, the account goes on to say, the janitor actually ejected the physician.

# Editorial Department.

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# The Earlier Editors of the St. Couis Medical and Surgical Journal.

#### FRANK W. WHITE.—J. B. ALLEN.

The sketch promised us of Dr. White, of which we spoke in the August number of the Journal, has not yet come to hand. Dr. H. H. Mudd has, however, written us to say that the records of the St. Louis Medical College show that he was born in Cincinnati in 1830, and died in St. Louis, February 15, 1870, aged 40 years. He was appointed Professor of Materia Medica, March 6, 1865, and resigned the chair April 29, 1867. These are the meager facts revealed by the college records.

Of Dr. J. B. Allen, our knowledge remains even more fragmentary. The only information that we have been able to obtain concerning him is in a note from Dr. J. C. Dunlap, of High Point, Mo., who writes that he knew Dr. Allen quite well, and that he was a man of fine education, cut off by death in his youth. He died in St. Louis in 1858.

The next subjects of sketches will be Drs. W. S. Edgar and H. C. Gill, who succeeded Dr. Baumgarten in the Editorship of the JOURNAL in 1872.

#### PAN-AMERICAN MEDICAL CONGRESS.

The first meeting of this body took place at Washington during the first week of September last, and it was pronounced an unqualified success. From the purely experimental stage it has advanced to that point where it is an established institution. The total attendance was about 1,300, and the foreign delegates were all gentlemen of established position and repute in their respective countries. The physicians of this country who were in attendance are all well known, and, taken all in all, the entire meeting was characterized by the superior qualities and standing of those who participated. What was lacking in quantity was more than amply made up in quality, and our foreign guests departed with a much higher opinion of American medicine than they had formerly held.

Work of an earnest and thoughtful character was dominant in all the sections. Not a moment was uselessly expended in dilatory discussions or profitless disquisitions. Everyone had come to offer the results of earnest endeavors, and they were accorded that intelligent consideration which they certainly deserved. In fact, the high order of excellence of all the papers presented was the principal topic in all remarks made on the scientific aspect of the Congress.

Too much praise cannot be accorded to the members of the executive committee and of the committee of arrangements. The Secretary-General, Dr. C. A. L. Reed, of Cincinnati, certainly deserves more than ordinary credit for his work in connection with this Congress, and it is but a statement of bare facts to say that much of the success, if not the greater part, was entirely due to his indefatigable efforts and perfect systematization of the preliminary work. In partial recognition of this a number of the members contributed to present him with a silver salver.

The next meeting is to be held in the city of Mexico, in 1896 or 1897. The date has not as yet been definitely fixed, as the intention is not to clash with that of the next International Congress. We anticipate that at the second Pan-American Congress a large attendance will be on hand, partly for the above reason, and principally because the stringency of the money market which affected the first meeting will probably not exist at the time the second one is held. The Congress is to be held under

the patronage of the Mexican Government, and there is no doubt that all the Latin-American countries will send larger representations, as they will not have such long distances to travel and will feel more at home.

We can only reiterate our good wishes for the enterprise and our promise to do all in our power to further its objects and aims.



J. M. CHARCOT.

Etched from a recent picture, by Dr. Frank L. James.

#### DR. J. M. CHARCOT.

On Wednesday, August 16th, the telegraph announced the sudden death of Dr. Charcot, the famous neurologist and physician of the Salpétrière, and world-renowned authority in all that pertains to diseases of the nervous system. From the brief dispatch we learn that Dr. Charcot was, at the time of his death, on a

vacation visit with friends in the neighborhood of the Lac des Settons, Department of de Niévre. He was suddenly seized with angina pectoris, and after a few minutes of intense agony he fell into the arms of his two fellow-excursionists and friends, MM. Debove and Strauss, dead. The following sketch of the life and labors of Dr. Charcot is condensed from the pages of Le Progrès Médical, a journal to which the deceased was very partial and in which his communications on medical matters usually appeared:

Jean Martin Charcot was born in Paris, November 29th, 1825. He came of a family of mechanics—honest and honorable, but of very modest means. "Charcot," says Dr. Bourneville, the distinguised editor of Le Progrès Médical, "who never conealed his origin, told me that his father, seeing the impossibility of giving all three of his sons a liberal education, said to the lads one day: 'Since I cannot afford to give each of you a complete education, I have determined that the one who shall have the best report of progress at the end of the scholastic year shall continue his studies. One of you will go into the army, and the other will be a coach-maker, like myself." So said so done; and Jean Martin was chosen as the future savant. He was sent to the Lycée St. Louis, where he finished his preparatory From the lyceum he passed to the study of medicine, and was inscribed at the Faculté, of Paris, and was honorably graduated in due course. In 1848 he was received as interne of the hospitals, presented his thèse de doctorat\* in 1853, and filled the functions of the chief of the medical clinic from 1853 During all this period he devoted a portion of his time to giving private lessons in various departments of medicine to such students as he could obtain; a fact that he was wont in after years to recall with peculiar satisfaction, as with the money thus earned he alleviated the struggles of his father and paid back the sacrifices which his family had undergone in order that he might have a finished education.

In 1856 Charcot was named physician to the Bureau Central. Here he remained four years, or until 1860, when he made his "second concourse" and achieved the "aggregation." In despite of his ardent and constant work, and of his wide and definite

<sup>\*</sup>The title of this work, translated into English, is, "Studies Designed to be Utilized in the History of the Disease Known under the Names of 'Primitive Asthenic Gout;' 'Nodosities of the Joints;' 'Chronic Articular Rheumatism' (primitive form),"

acquaintance in medical science, he nearly failed in this trial. He presented two theses: the first, "De l'expectation en médecine," written in 1857; and the second, "De la pneumonie chronique," in 1860, and neither were regarded by the Faculty with satisfaction. When, however, it came to the final proof of his acquirements, the argumentation of his thesis, his great knowledge and great abilities carried him through triumphantly.

In 1863 Charnot went back to the Salpétrière, where he had once interned, as chéf de service, and here he found his lifework. With his friend Vulpian, he at once commenced the collection of notes and observations upon all the inmates of the institution (then seniles and chronics), and the publication of the same in the now world-famed Archives médicales de la Salpétrière. These notes, veritable pathological histories of each individual patient were of great service in the final events of the cases. When the patients finally succumbed to the disease they served to supplement the autopsis, which latter were always made by Charcot himself. The infinite pains which he took, the minuteness of his researches, make his work in this direction a veritable monument to his fidelity to science and truth.

Here, in the Salpétrière, with the exception of scanty vacations, he continued to labor, day in and day out, until the end, for upwards of thirty years. His name was honorably known and recognized as authority when he took charge of the Salpétrière, and in 1866, when he inaugurated his course of lessons at that institution his work had made it familiar to physicians in all parts of the globe.

We have not space even to glance at his published works. They are innumerable; the files of the Archives, already alluded to, the Bulletin de la Société de Biologie, of the Gazette Hebdomadaire, of the Progrès Médical, are full of them. With Vulpian and Brown-Sequard he founded the Archives de Physiologie, to which he was a constant contributor.

His career as a teacher is not less remarkable and full of toil. Commencing, as we have seen, as what the Germans call a privat-docent, or giver of lessons to more backward students, while he was struggling through his course, he continued uninterruptedly up to the time of his death to lecture to students. In 1867 he inaugurated, in addition to his lectures at the Salpétrière, a course of free lectures at the Ecole Pratique. These were kept up

until the war of 1870. In 1872 he was named professor of pathological anatomy to the Faculty of Paris, and for upwards of ten years filled this chair. all the time, however, continuing his free courses at the Salpétrière. In 1882 the object of his professional life was obtained in the erection, especially for him, of the chair of Clinic of Nervous Maladies at the Salpétrière. ing of this chair was the official recognition, somewhat slow, we must confess, of labor that had for many years done honor to French science and to France. From this moment the Salpétrière became the neuropathic institute of the world. Its history is the history of the progress of neuropathy. It has been the centre from which came all that has been most astonishing, most strange, most valuable in the development of our knowledge of the phenomena of the nervous system.

Of his personal and home character a few words only are nec-He was one of the most amiable and lovable of men, and had the faculty of attracting to him all with whom he came His family life was ideal, and his two houses, says M. Bourneville, the distinguished chief of the Bicêtre, and the life-long friend of Charcot, one at Neuilly and the other at Paris, on the Boulevard St. Germain, are evidences of the delicate and refined taste of the man. He was as ardent a lover of art as he was of science, and his skill as a painter so great that had he not become so distinguished as a physician he surely would have made a high mark in the world of art. He was a musician of high skill and rare taste. He leaves a wife, a son, and a daugh-The latter is accomplished as an artist in metal and the His son bids fair to rival the fame of the father, whose talents and capacity for laborious undertakings he has inherited.

As a reader, M. Charcot was most choice and select in the books he perused. As in music, so in literature, he preserved his fondness for classic models, his three favorite composers being Glück, Beethoven and Meyerbeer; and his three authors, whose works he read and reread until he had them almost by heart, were Shakespeare, Dante and Rabelais.

We are pleased to be able to add that M. Bourneville has undertaken to edit a complete edition of the works of Charcot, a work which, when completed, will stand as an everlasting monument to the fame of the decedent.

The Progrès Médical has also started a subscription for the erection of a public monument in his honor—something that the Republic of France should do, but is apparently too busy looting Siam and Africa to think about it, at present at least.

# Dermatology and Genito-Urinary Diseases.

Alopecia Areata.—Mr. Hutchinson, writing on alopecia areata and its relations to ringworm, arrives at the following conclusions (Arch. Surg.): 1. It is probable that all the cases that are well characterized by abruptly rounded and quite smooth patches, are of one and the same nature as regards causation, though possibly there is some slight exception to this in reference to 2. It is probable that all cases of well-characterized alopecia areata are in some connection, remote or direct, with the presence of a cryptogam. 3. Many cases — probably the majority - occur in patients who have at some former period themselves suffered from ringworm. 4. A few cases occur in those who have never shown signs of ringworm, but who have at some former period been exposed to its contagion. cases occur in adults as the direct result of ringworm contagion 5. In a few cases it is possible that pityriasis versicolor on the chest of an adult may be the cause of alopecia 6. There are a few cases in which ringareata on the scalp. worm assumes from the first the features of alopecia areata. These may occur in both children and adults. 7. Lastly, the explanation of the frequency with which alopecia areata begins on the back of the head is probably that it is caught by contagion from the backs of chairs and cushions.

Acne Varioliformis.—At a meeting of the Anatomical, Physiological and Pathological Society of Bordeaux, Dr. Troquart showed a case (*Prev. Med. Jour.*) of acne varioliformis, seu acne pilaris (Bazin), seu acne frontalis (Hebra), seu acne necrotica (Boeck). The first name denotes its striking resemblance to variola, as the scars left behind look like those of small-pox, or of a syphilide. The last name indicates the nature of the affection, actual destruction of tissue taking place. Boeck was well aware of the term acne varioliformis, but suggested acne necrotica,

especially as Brazin used the former for the affection known now as molluscum contagiosum. Acne frontalis indicates the usual site of the eruption, temples and glabella, which, however, may extend to the hairy scalp, ears, nose, dorsal and pectoral regions. So much for nomenclature.

Dr. Troquart's case was a typical one, and extended to the ears, scalp and chest. It occurred in a female aged twenty-nine. It began three years ago, appearing in crops every three months or so. Each effloresence passed through a papular, vesicular and ulcerative stage, terminating in a depressed scar. There was no history of syphilis, and specific treatment had no effect. Sulphur ointment, applied at night, cured the affection in a fortnight. It prevented the evolution of fresh efflorescences, and rapidly cured those in process of involution.

Ixodes or Tick.—Dr. Harold Williams says (Boston Med. and Surg. Jour.) that allusion is sometimes made in medical literature to the ixodes or tick. As they are not often met with in our city clinics, I have ventured to give the following description:

Duhring, in his "Diseases of the Skin," says of them: "There are several species of tick which are met with in our woods, and which are liable to attach themselves to the human skin. They insert their proboscis and head deeply into the tissues and suck blood until they not infrequently swell up to many times their natural size. They should never be extracted with violence, but should be induced to relinquish their firm hold upon the skin by dropping upon them some oily substance, as olive oil or one of the essential oils."

Ticks are extremely numerous in Nantucket. I have removed as many as forty from my horses' legs after a single drive. They crawl up the legs of the horses, and if left to pursue their own course unimpeded, will bury their heads in the thin skin in the neighborhood of the tail or in the interior of the ears. In dogs they usually penetrate the auditory canal, though they sometimes attach themselves in other places. In human beings they almost invariably crawl into hair at the back of the head or neck, but they sometimes penetrate the ear, where they cause excruciating pain with their hooked feet. They attach themselves to the skin by their jaws and burrow beneath its surface. As they then anchor themselves by their many barbed tongue, they are extremely

difficult to remove and upon the employment of traction the body becomes detached leaving the head in the skin to be cast off by suppurative process.

When a tick has penetrated the ear it can be readily and painlessly removed by the use of a ten-per-cent. solution of hydrochlorate of cocaine, olive oil and forceps, in the order mentioned.

Campho-phenique is a simple and effective application for the purpose of getting rid of this parasite.

Treatment of Alopecia Areata.—Dr. Ferraton, at the Société des Science Médicales de Lyon, exhibited a soldier afflicted with alopecia areata universalis (N. Y. Ther. Rev.). This patient had been treated in the infirmary of his regiment with tincture of iodine, locally, for three months, without result. When admitted to the military hospital, he had twenty patches of the disease. The author successfully applied iodized collodion which, in order to avoid retraction, pain or abrasions, must be very elastic.

The advantages of this treatment are obvious, as it is painless and it is only necessary to apply it once in five days. The parasite is imprisoned and the patient being no longer dangerous to his neighbors can resume his occupations. The collodion deprives the parasite of air, and the iodine acts as a parasiticide and a stimulant to the scalp. After two applications, the hair appeared on two patches, and in three months the malady was cured.

During the discussion, Dr. Augagneur remarked that every drug proposed for the treatment of alopecia had its day, and that iodized collodion had been replaced already by essence of China cinnamon. He said that the rationale of these variations lies in the fact that alopecia always heals, and the rule is that the hair grows in again after four months. Without denying the value of any of the curative means recommended, as iodized collodion, croton oil, essence of cinnamon, camphorated naphthol, sublimate or scarifications, he says that to demonstrate the value of any treatment it is necessary to have not one observation but a hundred. He tried on himself the essence of cinnamon without result, and his alopecia subsequently disappeared without medication, as is the rule, only four per cent. resulting in permanent alopecia.

Dr. Ferraton in replying said that at the time the patient entered the hospital the disease was increasing, but that it improved rapidly after the application of the iodized collodion.

We think, with Dr. Duncan Bulkley, of New York, that even if it be possible to obtain a cure spontaneously, it is better to anticipate the event. This specialist gradually applies a strong solution (eighty-five per cent.) of carbolic acid to the patches, a part at a time, as recommended by Dr. Hallopeau, of Paris, who also used the essence of wintergreen with success. In one case he applied tincture of cinnamon and ether to one side of the head, the essence of wintergreen being used on the opposite, which improved much more rapidly while the skin was not irritated as was the result of the application of the other composition. O-D.

# Excerpts from Russian and Polish Citerature.

A very Simple Treatment of Hæmoptysis and Epistax-is.—Some time ago Professor Gros, of Algiers, had drawn attention that blood-spitting can be easily arrested by applying pieces of ice to the scrotum in men, and the major labia in women. His statements were fully confirmed by Dr. Darenberg (La France Médicale, 1892), who found further that in the case of recurrence of the hæmorrhage, it was useful to repeat the application twice daily, leaving ice in contact with the parts for about five minutes on each occasion.

Referring to the communication, Dr. Schrieber, of Moscow, points out (Novosti Terapii, Nos. 25 and 26, 1893), that in an old Russian book—published by an anonymous physician in 1827, and bearing the title, "Rükovodstvo K, Letchenyü Boleznei Prostymi Sredstvami," ("Hand-book of Treatment of Diseases by Simple Means)," the application of cold to the external genitals is recommended as the best method for controlling a nasal bleeding. "The patient must immerse his or her genitals in cold water and keep them therein for a short while."

In an editorial note in the *Vratch*, No. 31, 1893, p. 876, Professor V. A. Manassein suggests to make an experimental inquiry into the physiological effects of the procedure (which acts probably in a reflex way); in other words, the persons experimented upon

should be subjected to a careful examination by a plethysmograph, sphygmograph, sphygmomanometer, laryngoscose ophthalmoscope, etc.

Thiol in Erysipelas.—In the Meditzinskoie Obozrenie, No. 13, 1893, p. 44, Dr. Nikolai K. Rüdneff, house surgeon of the Lublin Military Hospital highly eulogized the treament of erysipelas by painting the affected region (as well as an adjacent apparently healthy zone, about two fingers' breadth wide) with a 40 per cent. aqueous solution of thiol. The procedure should be repeated five times daily and discontinued in about one or two days after a complete subsidence of fever. Thiol was tried by the writer in fourteen cases of facial erysipelas and one of crural, all of them referring to soldiers. Of auxiliary measures the following were employed: 1. Immediately after admission the patient was given ten grains of calomel. 2. In the presence of high fever sulphate of quinine in ten grain doses was administered twice daily. 3. All the patients received camphor in the daily dose of ten or fifteen grains, in the shape of an almond The results were very gratifying. emulsion (vide infra). eleven cases treated with a forty per cent. solution of thiol, in three the disease was cut short within twenty-four hours, and in eight from two to four days. In the remaining four cases—the earliest ones of the series-which were at first treated with a ten per cent. lotion, there took place some relapses, which, however, rapidly yielded to the stronger solution.

While possessing a powerful curative action in cases of erysipelas, thiol presents such additional advantages as being quite odorless and free from any toxic or local irritant properties. There are, however, some less pleasant features about the new medicament; it soils linen, causes a blackish discoloration of the skin, and, what one might think worst of all, is expensive, which means that the precious "therapeutical conquest" cannot be employed either in hospital or in private practice amongst the poor. (Cft. St. Louis Medical and Surgical Journal, May, 1892, p. 298, and the Provincial Medical Journal, April, 1893, p. 213, and July, p. 384.—Reporter). Hence, as far as military hospitals are concerned, Dr. Rüdneff does not venture to go beyond "recommending thiol only in such cases of erysipelas in which corrosive sublimate (painting with 1-to-1000 or 500 aqueous solution) failed to cure the disease."

[As regards camphor, Dr. Rüdneff follows an emphatic reccommendation by Nikolai J. Pirogoff, who believed that the drug was the most efficacious internal remedy for erysipelas. the first day of the disease the great Russian surgeon used to give camphor in half grain doses six times; afterwards in one grain doses as frequently. (Vide the Provincial Medical Journal, February, 1891, p. 111). Dr. Rüdneff avers that he also resorts to the internal use of camphor (similarly in large doses), in severe cases, some other infectious diseases, such as typhus fever, small-pox, etc. By the way, we may also mention that Dr. Bidder greatly vaunts thiol as a dressing material in cases of scalds and burns; the drug possessing powerful anodyne, exsicant, vasoconstricting, stimulating, antiseptic and other properties. Centralblatt fuer die Medicinisch Wissensch., No. 15, 1893.— Reporter.]

On Intestinal Antiseptics.—In the Polish monthly Kronika Lekarska, No. 5, 1893, p. 139, Dr. Baczkiewicz (pronounced Batchkevitch), of Dr. Leon Nencki's (pronounced Nentzkee's) Laboratory, in Warsaw, details a series of experiments (twenty on six adult men and women), he has undertaken, in order to study the action of various antiseptic substances on microbes in the digestive tracts. The following drugs were examined, being always administered internally: B-naphthol, from twelve to twenty-four grains a day, in combination with salicylic of bismuth, from six to twelve grains daily; salol, about two or three grammes a day; iodol, three grammes a day; tannic acid, six grains daily. The essential facts can be summarized thus:

1. B-naphthol with salicylate of bismuth was employed in three cases, one of which referred to a man with a fæcal fistula of the colon. Before the experiment the proportion of intestinal microbes averaged 125,000 to each 0.001 gramme of fæces, which was always examined immediately after defæcation. On the fourth day of the administration, their numerical strength fell down to 54,000; and on the thirteenth day, down to 1,800. In another case—in that of a woman with fæcal fistula of the cœcum—after the patient had injected 8.75 grammes of naphthol in nine days the proportion of bacteria decreased from 1,860,000 down to 92,000. In the third case, referring to a patient with chronic gastro-intestinal catarrh, the antiseptic effects remained rather

undisturbed, in consequence of an occasional admixture of pus to fæces.

- Salol was tried in a patient with general debility. total quantity of the drug taken by the patient in the course of five days amounted to eleven grammes. The remedy did not manifest the slightest influence on the numerical strength of microbes invading the gastro-intestinal tract.
- Iodol was given in a case of diabetes mellitus and produced a most pronounced antiseptic effect. The proportion of bacteria, which had been as high as 3,080,000 to each 0.001 gramme previously to the administration of iodol, diminished down to 232,000 in two days, and 1,800 by the end of the fifth day. remedy did not produce any untoward action on the patient's general state.
- 4. Tannic acid was administered in a case of chronic gastrointestinal catarrh. The result being that the number of microorganisms fell from 470,000 down to 14,000 in the course of three days.

[It would be, of course, unscientific to draw any definite conclusions from such scanty experimental data. Still one cannot help thinking that, Dr. Baczkiewicz's observations throw some interesting light with regard to salol. The latter seems to offerto put it mildly—the best intestinal antiseptic agent of all examined by the Polish investigator. Meanwhile, exactly this self-same expensive patented salol is so frequently praised in different tongues, as one of the most reliable means for disinfecting the intestinal tract. (Cft. St. Louis Medical and Surgical JOURNAL, March, 1893, p. 165; and June, p. 367.—Reporter.]

VALERIUS IDELSON. Berne, Switzerland.

The Eyes of College Students.—The statistics of the senior class at Yale College this year, furnished by the class history, raise the question as to the effects of hard study on the eyes. Out of a class of 185 there are 54 who wear glasses, and of these 25 have taken to their use since entering the college. age age of the class is about twenty-two years, and yet nearly one-third of them are compelled already to re-enforce their eyes.

# Medical Progress.

#### THERAPEUTICS.

Care and Medical Treatment of Alcoholism.—Dr. Mann recommends the following as useful in the treatment of dipsomania as a good tonic and sedative, tending to antagonize degenerative changes in the brain, having a good effect on the stomach, and as aiming to combat the effects of alcohol on the structures of the body (*Epit. Med.*):

R₄.	Quinine sulph.	
-	Zinc. oxidi	āā grs. ij.
	Strychninæ sulphat	gr. 1-40.
	Arsenic	gr. 1-100
	Capsici	_

M. Ft. pil. No. 1. Sig.—One pill t. i. d.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days after admission the following, hypodermatically:

- R. Strych nitrat gr. j.
  Aquæ dest 3ss.
- M. Sig.—Eight minims daily for eight days. Four minims daily for another eight days.

To quiet the morning nausea of alcoholics, and before meals, two or three drops of wine of ipecac on the tongue. After meals ten drops of dilute muriatic acid.

The patient is kept in bed for the first few days and fed on milk heated almost to boiling point. Valentine's meat juice may also be given. Hydrotherapy and electrotherapy are employed to induce sleep. A sedative is administered for a few nights.

If the patient is very much excited and on the borderland of delirium tremens, the following is useful for two or three nights:

- R. Hyosein. hydrobrom
   gr. j.

   Aquæ dest
   3ix.

   Spts. vini rect
   3j.
- M. Ft. hypodermatic sol. Sig.—Five to ten minims pro re nata.

The diet should consist of milk, eggs, oysters, meats, fish, buttermilk and koumiss, plus a minimum amount of cereals.

Vegetables are taken very sparingly, the idea being to rely on diet which requires the least vital force and oxygen to digest, assimilate and appropriate it, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield the most force and energy.

The Value of Copaiba in Chronic Cystitis.—Mr. Martin Chevers writes to the Medical Press: Mrs. E., æt. 30, came to me suffering from chronic cystitis. The symptoms which she complained of were, severe paroxysmal pain in the hypogastrium off and on ever since two months after her marriage, which latter took place two and a half years ago, and not having been in the slightest way benefitted by the many doctors under whose treatment she had put herself at various times. The pain she complained of was in no way characteristic. It sometimes occurred before and sometimes after the act of micturition, and it being at times so severe during the act that it caused spasmodic contraction of the urethra, causing temporary arrest of the urinary On examination, there was slight tenderness on pressure over the hypogastrium, but no symptoms whatsoever of vaginitis or urethritis, whether gonorrheal or otherwise.

The patient's words were that it was the pest of her life, both night and day, and that she would never have recourse to medical treatment if I did not cure her.

I commenced treatment by giving the following bladder sedatives and alkalies: Hyoscyamus, potassæ bicarb., belladonna, collinsonia, boracic acid, triticum repens, uva ursi, opium, liquor potassæ; and having made a fair trial of each, none of the above gave the slightest relief whatsoever. I then tried washing out the bladder daily with boracic acid, at the same time giving the drug internally, and dilated the urethra before the first three washings, but all with no effect.

I had almost made up my mind to give up the treatment of the case by drugs, and to explore the bladder, when it struck me that I had not tried that most valuable of drugs, "copaiba," and I forthwith put her on the following, though very disagreeable mixture:

R.	Tinctura collinsoniæ	3vj.
	Copaibæ	
	Liq. morph	
	Liq. potassæ	
	Ol. menth. pip	
	Aquæ camph	ad. \vj.

Sig. One tablespoonful every three hours.

Assuring her at the same time that I would have no more recourse to drugs in the treatment of her case if this mixture did not produce a beneficial effect.

She came to me next day, when she had only taken half the bottle, assuring me that she felt a vast deal better; and when she had had a second bottle she informed me that she was quite free from pain in the bladder and trouble in micturition. Though my experience in the treatment of cystitis is small, I nevertheless think this case worth notifying.

Acute Iodism.—Dr. Wm. Logie Russell reports the following (Med. Rec.): The following case is of interest because, so far as I am aware, no death from iodism has previously been reported.

The patient, a man sixty-eight years of age, was seen in consultation with Dr. Wm. S. Moore. He was of robust physique and enjoyed fair health with the exception of rheumatoid arthritis, with which he was affected. A slight exacerbation of this trouble had led him to call in a dispensary physician a few days before. The following was prescribed:

R.	Syr. ferri iodid	zii.
	Potass. iodid	
	Syr. simplicis, ad	-

M. Sig.: 3j. t. i. d.

One teaspoonful of this was given on the first day, two on the second and two on the third. By this time the symptoms of iodism were so intense that the medicine was discontinued, and Dr. Moore sent for. A profuse coryza and conjunctival congestion were then present. So intense were these that hemorrhages occurred from the nostrils and eyelids. The skin had at this time a mottled hue, and bullæ were found on the face, scalp, neck, chest, arms, hands, legs and feet. Some of the bullæ were as large as a silver dollar, and contained sanious fluid. lids ulcerated and became so swollen and covered with crusts as to conceal the eveballs. The nostrils were completely blocked The mucous membrane of the mouth and throat was inflamed and eroded, swallowing being painful and difficult. The voice became husky, and at last sank to a whisper and dis-Superficial ulcerations took the place of many of the bullæ. There were no gastro-enteric symptoms. The urine was not examined. The mind was clear, and there was no neuralgia.

The patient remained as described above for several days. He died on the tenth day from the administration of the first dose, from inanition and a low grade of pneumonia. There was no autopsy.

Ustilago Maidis.—Blair (Therap. Gaz.) draws attention to ustilago maidis (maize ergot) as a valuable drug in obstetric practice, and one which far excels ordinary ergot as an aid in tedious labor. It is prepared from maize affected with the disease known as "corn smut," and has been introduced into practice in the form of a fluid extract. The author has tried this preparation in a dozen cases of labor, with in most cases satisfactory The dose employed was from twenty to thirty minims. His general conclusions are as follows: (1) In those cases in which the pains were continuous, the effect of the drug was to make them intermittent and more easily borne. (2) Where natural labor pains were present and the extract was administered, the uterine contractions were increased in strength and labor (3) The effects were more favorable after considerable dilatation of the cervix had taken place, though the action of the drug was tested at all stages. In no instance were any bad effects produced.

Ipecacuanha in Flatulent Dyspepsia.—One of the brightest of the young Paris hospital doctors who has studied stomach troubles for the last five years, Dr. Mathieu, says, that ipecac is the best of the excitomotor remedies in this complaint. He gives the drug in powder and in a compound tincture (Ex.). The dose taken is two to ten centigrammes  $(gr. \frac{1}{3} \text{ to } 1\frac{2}{3})$  of the powder, which may be mixed with bicarbonate of soda, colombo, and other correctives. If the tinctures are used, tincture of ipecacuanha is added to the tincture of colombo and tincture of gentian. The first one, in France, is made one-fifth strength, so the dose is easy to calculate. It should be given after meals.

Antiseptic Varnish.—Dr. Berlioz gives the composition of this varnish, which will be found useful on mucous membranes and where it is difficult to keep any other dressing on. He calls it steresol.

₽¢.	Gum lac, purified and soluble in alcohol.	270 grms.
	Benzoin the same	10 grms.
	Balsam of tolu	10 grms.
	Carbolic acid, crystallized	100 grms.
	Oil of cinnamon	6 grms.
	Saccharin	6 grms.
The	en add alcohol to make a quart.	O

### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Accessory Thyroid Glands.—The existence of accessory thyroid glands sometimes prevents the onset of myxædema when the principal glands have been removed. It is interesting to know that these accessory bodies may undergo the same cystic degeneration as the thyroid glands themselves, resulting in the development of a tumor unconnected or connected only by a slight pedicle with the principal thyroid. In Le Progrès Médical, June, 1893, M. Pilliet gives the result of histological examination of a cystic tumor of this kind. This showed that the tumor was composed of thyroid tissue in different stages of de-The solid parts were composed of groups of very generation. small vesicles, and at some points only of narrow closed tubes without any colloid secretion at all. This is, of course, the structure of embryonic gland tissue. In other portions the normal cavities of the thyroid were found much dilated, and at other points blood cysts formed by the breaking down of intracystic growths, as in the case of adenoma of the breast. thyroid gland itself was normal and was connected to this tumor only by a thin pedicle. M. Pilliet has no doubt that this cystic growth must be regarded as due to the degeneration of an aberrant portion of the thyroid, which increased in weight and gradually moved away from the original gland, retaining, however, the small pedicle to show the original connection of the two structures.

Hæmoglobin in Syphilis.--Prof. Neuman and De Kondried have recently been experimenting on the blood of patients to determine the amount of hæmoglobin present in the various stages of syphilitic disease (Med. Press and Cir.). From the beginning of the attack, where no medicine is administered, the hæmoglobin is gradually reduced from 15 to 10 per cent.; after the use of drugs, inunction or anti-syphilitic preparations the hæmoglobin gradually returns to its normal quantity. In advanced cases of secondary syphilis where treatment has been neglected the absence of hæmoglobin is found to be 45 to 75 per cent. On commencing specific treatment the increase takes place daily until it assumes its normal condition. The examination of the tertiary form reveals the same condition. The red blood corpuscles in the primary attack are not proportionately reduced with the loss of the hæmoglobin, but as the disease advances or continues without interruption they fall to a third of the normal number, which under specific treatment may be also restored to their former condition. Neglected secondaries show a diminution of a third, and recover as quickly as the hæmoglobin. The tertiary form has usually an average of four millions red corpuscles. These also are increased by specific treatment, and very early assume the normal number. From this it is assumed that the syphilitic is a constant reducing power in the number of the red blood corpuscles which can be averted or altered even in the tertiary stage of the disease. The number of the white blood corpuscles increase in parallel ratio with the decrease of the red blood corpuscles, and vice versa with the restoration.

The Tongue in Influenza.—Faisans recently made an interesting communication to the Société Médicale des Hôpitaux, concerning the tongue in grip (Med. Rec.). Its special characteristic is an opaline tint of bluish white, sometimes uniformly distributed and again appearing in patches. This porcelain appearance of the tongue is often the first definite sign of grip, and accompanies the vague malaise that precedes the disease. always appears during the first two or three days. As long as the condition is present, the patient is by no means well, though recovery may be apparent. Complications may arise as long as the opaline tint remains. The tongue is not altered in form or dimensions, nor is it ever dry unless some phlegmonous inflammation is imminent or has already begun. If there is a catarrh of the digestive tract, and the tongue becomes heavily coated, the opaline tint is still visible about the borders, and may show through the coating in places. Cathartics may help clear up the furred tongue, but its characteristic porcelain effect remains. In pneumonia complicating grip, the tongue dries up without effect upon the opaline tint upon its borders. In a case of supposed meningitis in a child, the peculiar appearance of the tongue served to establish the diagnosis of grip, a diagnosis verified by subsequent events. Sometimes there is lingual desquamation, as in scarlet fever.

Immunity to Cholera.—By treatment with subcutaneous inoculations of cultures of cholera bacilli, G. Klemperer (*Berliner Klin. Wochenschr.*) has succeeded in conferring upon man immunity to cholera, as indicated by the protective influence of the blood-serum of the immune individual upon guinea-pigs in a degree proportionate to the virulence of the protective inoculation. He was also able to demonstrate that some persons possess a natural immunity to cholera—much less in degree, however, than the immunity artificially conferred.

Cardiac Atrophy and Aneurism.—Mr. Geo. Foy (Medical Press) states that simple atrophy of the heart, associated with wasting disease, has long been recognized. But aneurism is usually found associated with hypertrophy. Cases, however, occur in which aneurism and cardiac atrophy are found in one subject. The author narrates a case under his notice in 1875, the patient being a man aged forty and well nourished, with aortic aneurism extending from the arch to the bifurcation of the vessel. On opening the pericardium after death, the heart and pericardium were found to be perfectly healthy, and the heart was found to weigh about three ounces. Compared with the size of the man the heart was unduly small.

Two other cases are related, in one of which the heart weighed only three and a half ounces, and in the second case the patient died from the rupture of an aneurism of the arch of the aorta into the œsophagus. The heart was fatty and remarkably small, "right auricle largely dilated, the walls very thin, in the appendix at one spot about the size of a dime, the wall is no thicker than tissue paper and translucent."

### DISEASES OF WOMEN AND CHILDREN.

Post-partum Ovariotomy.—Dr. Aust. Lawrence read a paper with this title before the Obstetric Section of the British Medical Association (Med. Rec.). He narrated ten cases on which he had operated; in all peritonitis had followed the labor, and the patients were supposed to have puerperal fever, the presence of the cyst not having been suspected during pregnancy. He drew the conclusion that when an ovarian cyst was discovered in the abdomen of a pregnant woman it should be removed as soon as possible, there being many dangers if it were let alone, whereas, on the other hand, pregnant women bore abdominal section well. Supposing the cyst were first discovered when the patients actually were in labor, he laid it down that one should en-

deavor to get the labor over with as little straining as possible, using forceps if admissible, and if symptoms of peritonitis appeared an operation might be performed; otherwise it would be better to wait till the puerperium was passed.

Dr. Pozzi agreed that it was a dangerous thing to have an ovarian cyst in the abdomen of a pregnant woman, the principle accident to which she was liable being the twisting of the pedicle. Sometimes, when the torsion was incomplete there was pain but no rise of temperature. He pointed out that sometimes the swelling in the abdomen was on the opposite side to that on which the cyst grew, and sometimes he had found similar symptoms caused by elongation of the pedicle, the cyst having been lifted up by the pregnant uterus, and formed adhesions high up in the abdomen upon which there was tension after the uterus emptied. The symptoms in these cases were chronic, and differed from the usually acute symptoms of torsion.

Dr. Byers thought that if a cyst were discovered near the end of term it would be better to wait until after labor before interfering.

Dr. Murphy, the president, had found pregnant women bear all operations well, and thought that in every case of pregnancy it was desirable to operate when a tumor was discovered.

Ice in Phlegmasia Alba Dolens.—Dr. John A. Miller (Pacific Med. Journal), in treating on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the He first used it in 1886, and since then has used it in six cases, with uniform and decided success. The procedure was in the following manner: An ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the On the most painful parts, like the toes upward to the groin. inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort. the ice bags to be renewed quite often at first, as she claimed they relieved the pain, as anything else had never done before.

The pain was entirely controlled by the cold. The temperature dropped from 103° to 100° the next day, and the patient commenced to improve, which continued uninterruptedly. The towel was freshly dipped from four to six times in the twenty-four hours. As soon as the patient experienced relief, she was quite anxious to endure the temporary chill from a fresh compress, because the limb felt always better for it afterward; the towels soon became dry and hot and this gave rise to painful symptoms again.

Symphyseotomy.—Dr. Robert P. Harris, in the course of an article (Med. News), says: It is a mistake to attempt to substitute symphyseotomy for the Cæsarean section, on the ground that the former is the less dangerous to the woman. distinguish between the relative possibilities of the two operations, and their general results. The Cæsarean operations of Leipzig, Dresden, Vienna and Glasgow (under Cameron), as far as they have come to me, show that it is possible to save one hundred and thirty-two out of one hundred and forty-two women, giving a mortality of 7 per cent. Prof. Adolphe Pinard, of Paris, saved nineteen out of twenty women upon whom he had performed symphyseotomy. Italy, since January, 1886, has lost two women and five children under forty-six symphyseotomies; but no other country has been able to save anything like this Years of experience and misfortune have enabled her to do this, and to set such a hopeful example for imitation. But we must base our hopes of success on much lower figures, and upon a general record which in the last seven and one-half years, in eleven countries, including Italy, gives, out of two hundred and five cases, twenty-five maternal and thirty-seven infantile deaths.

The subosseous operation of Naples, which originated in Spain in 1780, and was reintroduced many years later by Galbiati, of Naples, is the one which has usually been performed in this country; cutting from within outward, and from below upward, in preference to the direct incision of Sigault, as still practiced by Pinard and others of France. The knife of Galbiati has been remodelled, and now presents a longer body to the blade, and a shorter curved extremity, the whole edge being made to conform to the postero-inferior curve of the symphysis, as it is

found in the majority of deformed pelves. Should this joint be three inches deep, instead of an inch and a half, as it is sometimes found, the operator will be obliged to suit his instruments to the case. We believe that in this country it is better to preserve the tissues in front of the symphysis; and that we should aim to avoid the blood vessels behind and in front of it, knowing that wounding them may lead to death by sepsis, as has happened in Paris and in Philadelphia. As Naples, and not Paris, has been the great center of success, we prefer to follow what Morisani teaches, after an abundant experience covering twenty-seven years. France has much to learn yet; as, since the revival of the operation, five women and thirteen children have been lost as a result of the first thirty-five pubic sections directly made; and this record includes the first eight successes of Pinard.

Infant Mortality in Large Cities.—The mortality occurring among infants in the large cities is something which may well create alarm in the minds of sanitarians and strike terror to the hearts of parents  $(Am.\ Ther.)$ . During the week ending July 22, 1893, there were recorded in Philadelphia, New York and Boston a total of 2138 deaths, of which 1340, or 62 per cent, were children under five years of age. The daily average in the respective cities according to official reports is as follows:

	Total No, of Deaths,	No. of Children.	Percent- age.	Daily Average.
Philadelphia	677	413	61	<b>59</b>
New York	1257	<b>7</b> 93	63	113
Boston	204	134	65	19
Totals	2138	${1340}$	$\frac{-}{63}$	191

In the light of our remarkable achievements in bacteriology and our knowledge of proper hygiene and sanitary measures, together with the best medical talent of the country in the immediate vicinity, who shall account for this lamentable condition, this almost hopeless paralysis of medical skill?

It is, indeed, a disgrace and a reproach to modern civilization.

A secular paper, commenting upon these reports, remarks:

"There is a screw loose in sanitary arrangements which turn out such dreadful results." From the same source we learn that these deaths are largely preventable, and that pure milk would

put an end to one serious obstacle, while a pure water-supply would help to save life.

Now, these are exceedingly practical comments, and if the advice was followed doubtless much good would result; but what shall we say to the directions given in the next sentence, in which "helpless and ignorant mothers," unable to employ a physician for their teething children, are advised to try the simple remedy of burning a little sugar and dissolving it in boiling water for the babies. And just here is the hitch; unfortunately, a great many helpless and ignorant mothers do this very thing; and since they fail or neglect to protect the sweetened water from the flies-which are most active poison-carriersevery spoonful of the contaminated water is just so much deadly There is no drug in the entire materia medica that will counteract its deleterious effects. Of course, the poor are always more dangerously exposed than well-to-do, but from this enemy the rich do not escape; and as to internal medication, the chances would be far better without it—provided the ingestion of poisons be not arrested.

That our criticisms are warranted will be seen by referring to a contribution on the treatment of cholera infantum, by Dr. J. F. Chmellicek (New York Medical Journal, June 29, 1893), of Detroit, Mich., who gives an interesting account of his rich experience in the tenement houses of New York during the summer of 1890 and the two years following. No less than 117 cases of genuine cholera infantum came under the observation of the writer, and although surrounded by the most unfavorable sanitary conditions, but three of the number died. The peculiarity about Dr. Chmellicek's method is, that he uses practically no medicine at all, and yet his mortality rate is but two per cent. in a disease where under ordinary conditions the rate is seventy-five per cent. or more.

In the course of his early experience, our author found that the flies were vibrating between the children's food-stuffs and decaying and decomposing vegetables, meat, dead horses and other animals in the putrefactive stage, and that in many cases the tables and ceilings were covered with them. An occasional peep into a sugar bowl gave him quite a shock, as the little lumps were so surrounded by flies that they looked like black-berries, and the bowls outside and inside were black with the ex-

This gave him the clue to the situation, as it put him on the alert against the insidious poison. All babies were fed on boiled milk to which a small quantity of lime-water had been added, the milk being put in sterilized bottles and well-stoppered and kept entirely free from the inroads of the flies. Some claims are put forward in regard to the methods of preparing the limewater; for example, boiled water only is used and this in the form of a five per cent. glycerin solution, in the belief that such a combination will take up a larger quantity of lime than plain When we recall the fact that ordinary lime-water contains but one part to 800, it is extremely doubtful if doubling the strength will prove of much service when the dose is not more than a teaspoonful at intervals of two or three hours, which is about the amount a child would receive along with the milk.

It seems a work of supererogation to offer further argument or advice in the expectation that the profession will take kindly to such methods as we have hinted at; they will probably remain in a lethargetic state until aroused by public opinion, and then the apparent mystery of the multitudinous deaths in midsummer will be cleared up. We say apparent mystery, because the half has not been told.

#### SURGERY.

Traumatic Neuroses.—At the Medical Congress at Wiesbaden (in April last) some very interesting topics met with lively interest and discussions.

Among others, the question of *Traumatic Neuroses* occupied the attention of the Congress and elicited the views of prominent members (Struempel, Wernick, Bruns, Saenger, Ziemssen, and others).

The views of Oppenheim, that neuroses of this class were capable of exciting at any time and in other distant parts of the body complications, was defended extensively by Struempel, but opposed by the rest. The opinion evidently prevailed that the cases of traumatic neurosis had alarmingly grown in number and exaggeration since legislation had encouraged hopes of pensions and indemnification. Many of such cases induced suspicion of imposture and should be carefully scrutinized and watched to unmask them. But since all the symptoms of the affections display themselves within the spheres of individual sensation

and motor power of the claimant, the proper policy was suggested and generally adopted, to withhold positive opinions *pro* or *con* as long as there were not stubborn facts elicited to sustain either.

Unverricht, on this occasion, related a case of simulation which he exposed by a mild administration of chloroform. While under its action he did move his paralysed arm and felt pain from a burning match, which he was incapable of before.

According to Prof. v. Ziemssen, a mild (20 per cent) carbolic acid solution injected into the parenchyma of an inflamed tonsil is a most efficacious remedy for infectious tonsilitis, which statement was affirmed by Prof. Henbaer.

Von Ziemssen related a number of cases of cerebro-spinal meningitis—both infectious and tubercular; brain tumors; hydrocephalus, etc., in which he employed Quincke's method of paracentesis of the spinal canal with benefit. Dieulafoy No. 2 hollow needle or a fine trocar were used successfully. According to internal pressure the cerebro-spinal fluid passes out in drops at uninterrupted current in diverse quantities of from 20 to 60 ccm. In inflammatory cases the fluid was found turbid, milky, containing settling flakes and leukocytes, and at others diplococci, which were submitted without results to cultivation.

Ziemssen expects from the continuance of these experiments some definite guidance in diagnosis.

Each puncture brought unvariedly ameliorations of the prevailing symptoms and in some cases permanent relief by repeating of the tapping as often as five times.

Prof. Quincke (Kiel) had performed the operation forty-one times in twenty-two cases. The effects are prompt but transitory since the fluid soon reaccumulates. A large complement of albumen indicated inflammatory processes; admixture of blood poured, hemorrhage, extravasation—pressure may vacillate between 150 to 500 mm.

Therapeutic indications are limited to inflammatory diseases of brain and spinal chord.

Prof. Ewald, of Berlin, likewise affirmed the ease and safety of the puncture and the prompt symptomatic relief.

Prof. Stahl, of Bern, had seen but ephemeral relief, hence tried persistent drainage. The latter provoked opisthotonos which lasted until death.

L. R.

A Brief Splint Technology for Surgeons.—At the late Pan-American Medical Congress Dr. E. A. Tracey, of Boston, read a paper with this title before the Surgical Section (N. Y. He said that the object of his short treatise was to set forth in detail the particular merits of a new material suitable for use in surgical splint-making, to urge the surgeon to become the maker of suitable splints for cases occurring in practice, and to indicate lines of procedure in apparatus-making which promised rich results in general and orthopædic surgery. the material employed was wood pulp, made preferably from the This was rolled into sheets in crushed fiber of the poplar tree. such wise that the fibers interwined in every direction and loosely, thus giving an increased ductility to the product. These sheets were further strengthened by having a fabric introduced between the layers of the pulp, or by interweaving with the short, crushed wood fibres a long jute or other tough fiber. The sheets were made of several thicknesses; for convenience they were designated by number—each figure representing one millimetre. sheet 1 had a thickness of one millimetre, sheet 2 of two milli-The characteristics of this material were metres, and so on. stiffness or rigidity when dry, and plasticity with toughness when Its rigidity could be increased ad libitum by the use of a silicate solution as a moistener. Water, or a stiffening solution, could be used to moisten the material previous to moulding. advantage of water was its omnipresence. With its aid a service-Such a splint, however, was liable to able splint could be made. be softened by the absorption of perspiration, or, on children, of urine; and for this reason it should be protected by a covering of oiled paper or silk, or mackintosh, or, best of all, by a coat of A solution of potassium silicate had several qualities which rendered it the best of the stiffening solutions experimented Sodium silicate and a mixture of potassium and sodium silicates had nearly the same qualities. Any desired degree of rigidity up to brittleness could be given the splint by using a silicate solution as a moistener—the stronger the solution the more rigid the splint. A splint rendered rigid in this wise was not affected by perspiration, nor indeed by momentary contact with fluids, as in washing. Another quality, of exceptional advantage in cases of compound fractures, was that this solution had strong antiseptic properties. The manner of moistening the blank deserved mention. It was most satisfactorily done by applying, by means of a flat paste brush, the fluid used, on both sides, alternately, of the splint blank, and repeating until the proper amount of the fluid was absorbed. Practice enabled one to judge the precise amount of moisture suitable.

Dr. Donald McLean, of Detroit, while approving in general terms of the construction of the splints as advocated by the author of the paper, said that there was one great fundamental principle with regard to the construction of splints which should never be lost sight of in practice and teaching, and this was the doctrine of simplicity. He had long believed that no man was fit to treat a fracture who could not improvise a splint, no matter where he was situated or what the nature of the fracture. then described the method of applying what he termed his "newspaper splint." In applying this splint, say to a fracture of a long bone or after the resection of a joint, the speaker simply folded one or more newspapers to the desired thickness and then molded this to the limb, surrounding the paper with cotton and the whole with a roller bandage. He said both he and his pupils had now used this method for a long time and had found it eminently satisfactory.

Dr. Reginald H. Sayre, of New York, said he thought the material suggested by Dr. Tracey was very serviceable, but he would have liked to see it wetted, as he could then have judged of its adaptability for moulding to the form without creasing.

### Book Reviews.

A Treatise on Ophthalmology. For the General Practitioner. By Adolf Alt, M.D. Second Edition, Revised and Enlarged. 8vo., pp. 346. With One Hundred and Forty Illustrations. [St. Louis: J. H. Chambers & Co. 1893. Price, \$3.50.

We have been aware of the fact for some little time that the present edition was being prepared by the author. The additions and improvements made have perceptibly increased its dimensions and added to its usefulness. The author has retained his first idea, that of furnishing an easily understood guide to the general practitioner. As he states, it is not a work written for specialists, and this will account for the fact that in certain parts a subject seems to be rather summarily dealt with and disposed of. The entire practical domain of ophthalmic therapeutics is

well covered, and that of dioptrics and other optical questions connected with the eyes have been judiciously omitted as they are of too abstruse a nature for the readers for whom the book is intended.

In looking over some portions we find that the cutaneous affections of the lids hardly receive the consideration they deserve. Thus xanthoma of the eyelids is summarized in seven lines, and warts and horny excrescences in two. In each the author states that if treatment be insisted on, snipping away with the scissors is all-sufficient. There are better methods, securing better cosmetic results, which should certainly have been mentioned.

Trachoma is well described and handled. One omission which the author has made consists in his failure to mention the fact that negroes very seldom suffer from the disease. Whilst it is true that those living in marshy localities are most prone to the disease, it is the whites who exhibit this predilection. Dr. Alt looks upon the cause of this disease as a diplococcus, closely resembling the gonococcus, but without doubt of vaginal origin. He favors Knapp's treatment very much.

Taken all in all this treatise will prove a valuable one in the hands of its readers. It is well illustrated, diagrammatic and other pictures being introduced wherever they may prove of help. No instruments are shown, the author referring his readers to catalogues which always contain a large number of representations of ophthalmological instruments. The matter has been carefully written and well edited. Whilst never prolix it is sufficiently full to be easily understood.

The mechanical work is a credit to the publishers. The type is large and clear, the illustrations show up well, and the paper is strong and thick. The binding is very neat, and, taken altogether, it speaks well for all those interested in the issuance of the work.

Outlines of Practical Hygiene. Adapted to American conditions. By C. GILMAN CURRIER, M.D. 8vo., pp. 408. Illustrated. [New York: E. B. Treat, 1893. Price, \$2.75.

The volume before us is, without doubt, one of the most useful as well as valuable which has been recently issued. The author has struck the key-note when he makes it practical in its scope and applications. We have been presented with a number of scientific and learned treatises on preventive medicine and hygiene, but in this work we are told how to attain these desirable ends. Theoretical considerations are given just enough prominence to impress the importance of carrying out the practical measures which are recommended. So far as these latter are concerned they are fully reliable. Eminent authorities in the several departments considered have been consulted and the manuscript submitted to them for approval or emendation. This is

certainly a method which was eminently calculated to bring about the result so earnestly desired and desirable—the product of a treatise thoroughly reliable and abreast of the times.

In addition to being a good writer, the author has the added qualification of making his reader take an interest in the subject. Throughout the work is written in a pleasant style, which makes it a relaxation to peruse its pages. No one can afford to be without it, as its precepts are such as to find daily application in the practice of every physician.

## Literary Notes.

Archives of the Cincinnati College of Medicine and Surgery is a collection of papers written by members of the Faculty of this College, and bound in permanent form. The first volume before us contains twelve papers, occupying 72 pages. The idea is a good one, although not novel by any means. It is an index of the work done by the faculty members, and speaks more for the efficiency of the instructors than announcements can. It is the dissemination of such literature which is ultimately destined to show whether the standard of medical education is being raised or not; and we are pleased to note the initiative which has been taken in Cincinnati.

The Toledo Medical Compend is evidently not favored by fortune. For the second time in its history, fire and its attendant evils destroyed its office, including copy in the hands of the printer. We present our sincere condolences.

The Medical Era, of Ann Arbor, Mich., is standing on its dignity, if it is possessed of that quality. The JOURNAL addressed to the above has been returned "refused." Of course we promise not to do so again, and hope that the pseudo-medical publication will now show its decency by subscribing to a real medical journal.

The Popular Health Magazine is a monthly of 34 pages, published by the Health Magazine Co., Washington, D. C., and Baltimore, Md., at one dollar per year. It is written for the lay public and is an earnest advocate of the establishment of a department and Secretary of Public Health at Washington. It is a well edited publication, but fails to give any information as to its editor.

Books Received.—The following books were received during the past month and are reviewed in this number of the JOURNAL:

Archives of the Cincinnati College of Medicine and Surgery, Vol. I. 8vo., pp. 72. [Reprinted from Cincinnati Medical Journal, 1893.

Outlines of Practical Hygiene Adapted to American Conditions, by C. Gilman Currier, M.D. 8vo., pp. 468. Illustrated. [New York: E. B. Treat, 1893. Price, \$2.75.

Missouri State Medical Directory. Containing a carefully prepared List of Physicians, Dentists and Druggists, together with Colleges, Hospitals, Medical Associations and Societies throughout the State. 12mo., pp. 119. [St. Louis and Chicago: Medical Fortnightly Press, 1893.

A Treatise on Ophthalmology. For the General Practitioner. By Adolf Alt, M.D. Second Edition, Revised and Enlarged. 8vo., pp. 346. With One Hnndred and Forty Illustrations. [St. Louis: J. H. Chambers & Co. 1893. Price, \$3.50.

Medical Directory.—About October 15th a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Co., of Danbury, Conn. It will contain a list of all the medical practitioners of the State, the various medical societies, all the dentists and dental societies, druggists and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price, \$1.00, delivered free by post.

## Melange.

The Skull of Sophocles is said to have been found by antiquity hunters in Greece, and it is proposed to lend it to Virchow for examination.

M. W. Vignal, D.Sc., a distinguished French scientist, has died. He was one of the collaborators of M. Malassez, and had made valuable studies in histology, fermentation and tuberculosis.

The Noisome Noise of Unmusical Music.—The Medical News is delighted with the responsive Amen! in many lay and medical journals and from personal correspondents as regards its protest against the brutality of the noise-makers. It is a pity that we should end with protest only, and that legislative and police restriction cannot be made effective. Let everybody appeal personally and by letter to the proper administrative authorities and demand that illegal noises shall be stopped, and that those that are not absolutely forbidden shall be lessened. Medical societies should act as bodies and through committees to abate these nuisances. The hours for sleep should be kept quiet for the thousands of sleepers and not monopolized by the half

dozen brawlers and howlers. There seems to be a tacit understanding on the part of the police that anything that a South Sea Islander or an Oriental would call "music" must be sacred, no matter how execrable and ear-splitting the din or the bawling. The police of Philadelphia would not think of stopping a crew of drunken singing rowdies, a darkey band, a French harp fiend, an organ-grinder, or an accordion monomaniac from committing his crimes against health, no matter if the iniquities are carried out in what should be the stillness of Sunday or of the night. air-beaters and ear-bangers have it all their own way, and if a lot of well-to-do folk meet together to eat and chat, they set a worthy example by having a band to scrape and blow musical sounds that not a single diner listens to for a second, and which forces him to roar and bellow at the top of his voice to make his neighbor six inches away hear a spoken word. "What you talk about is music, but what you like is noise," said a wise man to his pupil, and it is true here and to-day.

Responsibility of Apothecaries and Midwives.—Says the Journal de Médicine: A midwife prescribed ten grammes of laudanum for a parturient patient, and the drug was dispensed by an apothecary. Two days afterwards the grandmother of the new-born infant gave it four or five grammes with fatal effects, thinking the phial contained syrup of chicory. Both the midwife and apothecary were charged—the former with having exercised medicine illegally, and the latter for having delivered a poisonous substance without the authority of a medical man. For the defence a professor of the school of pharmacy and the chief apothecary of the Hôtel-Dieu, deposed, that in their opinion midwives were entitled to prescribe laudanum and apothecaries to deliver it on their prescriptions; but the judge decided against the defendants, and condemned them to pay a fine of sixteen francs for having been guilty of homicide by imprudence.

During the progress of the case one of the witnesses observed: "Which of us has not often given presciptions for enough laudanum to poison many people, merely protecting ourselves by the red label 'for external use only."

Medical Practice in Belgium.—By a recent decision of the Belgian Government the applications of foreign medical men desiring to practice in Belgium will first be referred to a special committee to ascertain whether the applicants' scientific attainments are such as to justify the Government in conferring this privilege upon them (N. A. Prac.). This is as it should be, and it would be a wise thing on the part of the French Government if they would exercise a like liberality. The United States boards of health should all of them be vested with like power to discriminate against the hordes of medical pretenders who are flocking to our shores from foreign lands. The Illinois State Board of Health has been dealing efficiently and with measurable success with such incompetent men, and the corresponding boards in all the States would show their wisdom by doing likewise. The action of Belgium is timely and in the right direction.

What it Costs.—We are informed that it costs the people of the United States each year, to be born, \$25,000,000; to be married, \$300,000,000; and to buried, \$75,000,000; while to get drunk the people pay \$900,000,000. 'Tis also said that this bill for drunks is larger than the bill for all the bread and meat consumed by the same people.

Hereafter physicians in New York attached to any hospital can give their testimony before a referee, instead of being compelled to waste their time attending court, in the case of patients in the institution with which they are connected. It strikes us that this ruling is in the interest of justice and medical men.

The Illinois State Board of Health deserves credit for the recent decided step it has taken in the best interests of the profession (Med. Standard). The London Polyclinic and the Chancellor Remedy Company some time ago made application to the secretary of State for license to incorporate. The objects of the proposed corporation were stated to be the treatment of diseases, the prescribing of medicine, and the performance of surgical Dr. Scott, secretary of the State Board of Health, upon learning of the applications, protested against the issuance of licenses on the ground that the objects stated were not sufficiently explicit to comply with the statute, and, further, that the incorporation of companies of this class paved the way to wholesale violations of the medical practice act. The matter was referred to Attorney General Moloney for an opinion, who sustained Under the principle involved in this opinion the the protest. State Board should go further and prevent the incorporation of

new medical colleges. Illinois has been flooded with these of late. Under a New York Court of Appeals decision, based on the essential principle of the Illinois Attorney General's opinion, these cannot be created under acts empowering the incorporation of "manufacturing corporations," albeit many "colleges" do manufacture diplomas by the wholesale.

Inoculation in Excelsis.—Dr. Watkins, of New York, who was inoculated last year in Paris with a culture of cholera spirillum and recovered after a severe illness, has recently been inoculated at the Loomis Laboratory in New York, with a pure culture of the bacillus of tuberculosis taken from phthisical sputum (Chicago Med. Rec.). He believes that a healthy person, whose blood does not contain the so-called "third corpuscles," is absolutely immune to the bacillus. He has repeatedly examined his own blood and never found the dangerous corpuscle. If he unfortunately overlooked any of these third corpuscles and becomes infected it is only to be hoped that he will be able to cure the disease, as he claims he can, by the early eradication of the "tubercular blood corpuscle," or hæmatoblast, from the blood.

The Human Body Used as a Medicament.—The leaders of the late anti-foreign movement in China stirred up their emissaries to hatred of the foreign dwellers in their midst by various false accusations (Med. Rec.). Missionaries were charged with bewitching women and children, and murdering them for the sake of their hearts and eyes. According to Dr. Macgowan, who has lived in China for years, these charges are far from preposterous; for in that country various portions of the human frame are credited with therapeutic properties. In the only Chinese authoritative materia medica thirty-seven remedies of the kind Human blood, taken into the system from another, is thought to strengthen it. Of course, this idea is not purely Chinese, as Western medicine has its transfusion of the blood of others as a last resource in extreme hæmorrhage. Chinese remedies are not elsewhere recognized as efficacious. Thus, human muscles are supposed to be a good remedy in consumption, and children mutilate themselves to administer their flesh to sick parents. This treatment, too, is especially frequent among the literati. A graduate, finding "the snipping of the skin from his own arm too painful, seized a hatchet and cut off a

joint of one of his fingers, which he made into broth mixed with medicine, and gave to his mother." The recipient must be kept in absolute ignorance of the potion thus prepared, while the operation is never performed for an inferior, as, by a husband for a wife, or by a parent for a child. There is, consequently, a demand for portions of the human body, which command a certain price; and this fact tempts men to murder others that they may obtain the money which will be paid for the portions in question.

The Postmaster General has issued an order to the effect that disease germs, or other things of like character, no matter how securely put up, are of the character of poisons and extremely dangerous to health, and that they are therefore absolutely unmailable. Postmasters are instructed to see that no such things are allowed entry into the mail.

One of the Perils of Wet-Nursing.—A Paris wet-nurse has had an unpleasant experience. The Assistance Publique sent her an infant to nurse from which she contracted syphilis. It was shown that the woman and her husband, prior to the arrival of the infant, were free from disease, and the woman had therefore no difficulty in establishing her case and securing 7,000 francs as damages.

Cholera.—The progress of cholera continues, with but little abatement. During the month new cases have been reported from Holland, Austria, Hungary, Germany, Italy, Russia, and Belgium. The disease has also appeared in England at Grimsby, a Lincolnshire seaport, and at Hull. Numerous deaths have occurred. A fatal case has occurred in this country, in Jersey City, but no others have come under observation.

Health of Workmen at High Summits.—Some notable facts are furnished by the experience of the workmen engaged in constructing the new Central Railway over the mountains in Peru (Am. Analyst). The line starts at Lima, in latitude 12 degrees, and the summit tunnel of this line at Galeria is at the height of 15,645 feet. It appears that the workmen, up to the height of 800 to 10,000 feet, do about the same relative quantity of work as at the sea level, provided they have been inured to the height or brought up in the country; at 12,000 feet the amount of work deteriorates, and at 14,000 to 16,000 feet a full third had to be deducted from the amount that the same men could perform at sea level.

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Owing to the absence of malaria, the percentage of efficient labor at the greatest elevation has been a very high one. Men coming from the coast were not found capable of doing efficient work for about two weeks on an average when taken to high elevations, the capacity gradually increasing and reaching its maximum in afew weeks or months, according to the constitution of the individual. The majority of the laborers being Cholos, or Indiansborn in the Sierra, were found incapable of doing effective work on the coasts or in the warmer altitudes without a long course of acclimatization. Sudden changes, too, from the Sierra to altitudes of from 2,000 to 5,000 feet have resulted in sickness and fever.

A Chinese Prescription.—The Pharmaceutical Era publishes the following letter: Attached hereto, I send a prescription written by a Chinese doctor in San Francisco for a friend of mine. It is said to be an infallible cure for cancer and may prove of interest to the readers of the Era.

R₄.	Pickled lizzards	ξij.
-	Corea ginseng root	388.
	Willow cricket skins	ξxij.
	Rattlesnake's tail	₹iij.
	Sweet potato vine	Zvi-
	Black dates	₹ij.
	Red bark	₹i.
	Devil flsh suckers	•
	Reindeer's horn (ground)	Ziijss.
	Bird's claws	•
	Lotus leaves	0.
•	White nuts	<b>.</b>
	Coffin nails (old ones)	•

Boil the whole in two quarts of water. Dose: A tablespoonful every three hours.

The Orthographic Mania.—This is the manner in which the Medical Press and Circular grows wroth over a change proposed by the Medical News: Among some worthy persons in America a positive mania exists for reforming (?) the orthography of the English language. The extent to which this mania is displayed is well illustrated in a paper which was read before the meeting of the American Medical Editors' Association in Milwaukee last month. The paper was entitled "The Spellling of some Medical Words," and here is an example of the philologic

rhetoric in which the writer indulges: "The stupidest, most disgusting thing in the world, is the brute conservatism that refuses all change, good or not good, from stolid, unreasoning desire for things as they are. Better chorea, ay, better epilepsy than absolute paralysis. Conservatism is the sham covness of linguistic old-maidism; the crinolin fig-leaf of philologic prudery, a fig-leaf, too, not the result of too much, but of too little knowledge-indeed, of an abysmal ignorance of the history of the language "(!!). After this maniacal outburst we almost feel in the condition of the shy young person whose self-consciousness is so distressing when spoken to by a stranger that he does not precisely know where to look. Hitherto we have been in the position of Adam and Eve in the Garden of Eden, to whom fig-leavesat first were unnecessary; that is to say, we have been living in perfect innocence and unconsciousness of the fact that any such tirade as that quoted above could be deluged upon the orthography of our language. The most disturbing part, however, of the writer's invective is his positive assertion that all this time we have been wearing a fig-leaf, and have practically been sojourning in a fool's paradise without knowing it. His reference, too, to the "sham coyness of linguistic old-maidism" is scarcely complimentary to the prototype implied in this observation; nevertheless we are glad to see that his due sense of propriety has led him to endow his "linguistic old-maidism" with a fig-leaf of "crinolin" dimensions, instead of one of the size with which Adam and Eve were compelled to be satisfied. This was certainly very thoughtful, and distinctly shows that there was method in his madness; but in ascribing his "crinolin" fig-leaf to the resultof too much than of too little knowledge, it must be confessed that this simile tends very largely to upset the usual sentiment which has from the time of Adam been associated with the objectand aim of that useful piece of foliage. However, coming now to the main reasons which impelled the writter to indite his remarks, we find that he has taken certain rooted objections to particular letters in the alphabet, which appear to him to have no For example, he absolutely despises business in certain words. the diphthong "æ" in words such as hæmorrhage, anæsthesia, orthopædic, and insists that these should be spelt with an "e" viz., hemorrhage, anesthesia, orthopedic. Again, he asks "the profession to accept certain tiny, innocent little changes in a very

few of the words they use." These changes imply the cutting off of the "al" at the end of many adjectives; for instance, chemic instead of chemical, biologic instead of biological, physiologic, instead of physiological, and so forth. Furthermore, he says: "After four years of careful investigation and great labor, the American Association for the Advancement of Science has adopted a set of rules for the spelling and pronunciation of chemic terms. mong these rules are those advocating the dropping of the final e in all such words as bromid, iodid, chlorid, and the like, and also in all such as bromin, iodin, chlorin, &c. Is there any reason, earthly or unearthly, for not following the suggestion?" We cannot profess to any precise knowledge of unearthly reasons, but it seems only reasonable to suppose that "id" would have the same signification as the word "hid" pronounced by a Cockney without the aspirate; whereas "ide" is undoubtedly the same as "hide" when the Cockney again misconducts himself with the Thus it is difficult to see how "bromid" could still be called "bromide" supposing this new-fangled form of spelling be introduced. Lastly, the writer asks, "Why shall we not drop the conjoined letter diphthongs in all words? Let us spell all our words drawn from the Greek 'aima' with the single vowel e instead of "æ". . . let us also accept edema, celiotomy, diarrhea, fetus, &c. Let us adopt, with never a wry mouth, the 'American spelling' of honor, center, meter (all the meters and liters!), program, and the rest." Emphatically, No. no means enamoured of "American spelling." If the only reason which can be urged for dropping the final e in bromide is that the word is easier to write without the e, then it can only be said that this is no argument at all for introducing such a change. Slovenliness and laziness in writing would appear to be the real and sole reason to account for the barbarous "surgery" which is being practised upon English orthography in the United States at the present moment.

The Southern Surgical and Gynæcological Association will hold its next annual meeting at New Orleans, November 14th, 15th and 16th next. The prospects for a brilliant meeting are splendid. All members of the medical profession in good standing are cordially invited to attend. We would recommend all those who can do so to go, as this association ranks with the best

in this country. The proceedings are always valuable and instructive, and more than repay the slight inconvenience and loss of time incident to attending the meetings.

The Doctor's Horse.—At the recent annual meeting of the West Somerset Branch of the British Medical Association, Mr. R. J. Collyns made what Americans call a "new departure" in selecting as the subject of his presidential address that useful and long suffering servus servorum Dei, the doctor's horse (Brit. Med. Jour.). He discussed the animal's housing, bedding, food, work, and repose, with a thoroughly practical knowledge of his needs and a tender concern for his well-being and comfort, which Ouida and other "zoöphilists" would do well to note. Mr. Collyns pleaded for the efficient ventilation and drainage of stables, and he pointed out that horses are much more likely to take harm from exposure after leaving a hot stable than a cool one. considers peat-moss litter more economical than straw, but it has the disadvantage of softening the feet of some horses so much that they are more liable to be damaged by the roads. gard to feeding, Mr. Collyns said the art of keeping a horse in condition is to maintain a just balance between food and work; and as horses, like their masters, differ in appetite and capacity for work, the owner must make it his business, as it is his interest, to become acquainted with their peculiarities of constitution. He strongly recommended maize, given in the proportion of one part to two or three of oats by weight; horses fed in this way are, he said, kept in harder condition and at less cost than when fed on grain consisting of oats alone. He further advised that some hay or chaff should be given with each feed of corn, as this makes the animal masticate the latter more thoroughly. also insisted on the advantage of portioning out the food by weightrather than by measure. Mr. Collyns had also much to say about shoeing: his remarks on this subject were interesting, and his criticisms showed clearly that in order to shoe a horse properly a man should have some elementary idea of the structure of the animal's hoof. Had smiths any tincture of anatomy they would not pare away the "bars," the two firm ridges which act as buttresses to prevent the "wall" of the hoof from being driven inward by the superincumbent weight, as many of them are doing Are there no courses of technical education for smiths?

Goodsir, predecessor of the present distinguished incumbent of the chair of anatomy at Edinburg, once said: "I love the horse; I have dissected him three times." We do not know whether Mr. Collyns has shown his love in the same way, but he has evidently made careful study of the animal, his structure, his ways, and his wants, which has borne fruit in his excellent presidential address.

Misdirected Satire.—It seems that Mark Twain has recently come across a Dictionary of Medicine published about one hundred and fifty years ago, and has proceeded to make fun of it in his characteristic style (Boston Med. & Surg. Jour.). aroused the indignation of an English contemporary, who considers that antique medicine is too serious a subject to be trifled with. Our contemporary allows that Mark Twain succeeds in finding prescriptions in the work which, "read by the light of recent clinical experience, may be pronounced as tentative, crude, and even risky"; but believes that he has erred in making "no allowance for the comparatively immature physiology and pathology of the days preceding biological chemistry and the microscope and the thousand and one aids to diagnosis elaborated in the intervening century and a half of time, which have strengthened the hands of men far inferior in native ability to the author of the literary fossil referred to."

The author suspects that Mark Twain has heard of Bonetus only in this dictionary, and grieves that his treatment for a pain in the head, namely, local blood-letting, should be the occasion of his misdirected and ill-inspired ridicule. "It may be news to Mark Twain to hear that Théophile Bonet (in Latin, Bonetus) was for his time an exceedingly able and accomplished physician, the medical adviser of the then Prince of Neufchâtel, and that he has an honorable niche in every great History of Medicine, including the quite accessible article in the 'Encyclopedia Britannica,' and by every philosophical student of scientific progress is regarded as a link, and a not inconsiderable link, in the chain of medical evo-Nothing but the implication that his readers were as unenlightened as himself could have warranted the American humorist in making fun of a well-known figure in the gallery of medical portraits." Mark Twain is warned that he "could have found much more legitimate targets for his undoubted command of the risible susceptibilities of his readers in the country of his birth

than any fossil which he has succeeded in extracting from the once useful but long superseded Dictionary of Medicine at which he levels so much misdirected satire."

Although the wit of Mark Twain has often amused the British public, this looks as if he were not entirely understood in England. We doubt whether any American would expect him to make allowance for the "comparatively immature physiology and pathology of the days preceding biological chemistry," or expect him to read up an article in the "Encyclopedia Britannica," on Bonetus, before criticising his prescriptions.

How the Charity Patient got the Better of the Surgeon.

— A young man was admitted into the Jewish Hospital at Buda-Pesth, so badly injured that the surgeon decided to perform an operation upon him. While beginning to operate on the patient's left arm the surgeon looked at his watch, and after finishing with the case, he noticed that his watch had been stolen from him by the patient's right hand. The thief was handed to the police for the continuation of "treatment." Fortunately the surgeon recovered his watch, but unfortunately lost a patient.

Things to Which a Physician may Testify in an Action against an Executor.—According to the common law, no person is allowed to be a witness in his own behalf (Lancet-Clinic). This rule is, however, largely modified by the various State statutes, though the same restrictions will usually be found to be retained in actions at law brought against the executor or adminis-A favorable construction of this trator of a deceased person. exception, in favor of physicians, is given by the Supreme Court of South Carolina in Sullivan v. Latimer (17 Southeastern Reporter, 701). It says that a physician who claims compensation for medical attendance may, in an action to recover same, testify as to a person's physical condition whom he attended, and the proportion of time required in looking after his health, though he be since deceased and the action be against his executor. court regarded such testimony rather as from the observation of the physician himself as to what he saw, which could not be said to be a "transaction," which implies mutuality—something done by both in concert, in which both take some part—testimony concerning which would not be permitted to be given by a sur

vivor of the parties thereto under the code of that State for the reasons above given.

Colorado Medical Library Association of Denver, Col.—The medical fraternity of Denver and Colorado are endeavoring to build up a medical library in Denver. Owing to remoteness from the centers of population the work undertaken is difficult in many ways. Societies can aid materially in this enterprise by sending their *Proceedings*. Anything in the way of medical literature sent will be acknowledged, placed on the shelves of the library, and brought to the attention of readers. Address, care Public Library, Denver, Col.

Immigration via Canada.—The request of the United States Government to be allowed to inspect all immigrants landing at Canadian ports, with a view to preventing the introduction of contagious diseases has been emphatically refused by the Canadian authorities. As the number of immigrants entering this country through Canadian ports is several thousand a month, the danger of infection is by no means slight; and a quarantine inspection of all trains coming from Canada is as important as that at our own seaports, though much more difficult.

Passage of a Thermometer Through the Alimentary Canal.—The swallowing of a clinical thermometer by an insane patient at Besançon recently was not without its usefulness. The thermometer, a self-registering one, was entirely of glass and 113 mm. long. No disturbance was noticed, and nine dayslater it was passed at the anus. The scale registered a maximum temperature of 38.7° centigrade, but a subsequent verification of the instrument reduced this to 38.1°. The axillary temperature which had been taken twice a day during the passage of the thermometer was never higher than 37.2°.

The Trustees of Tuft's College have decided to establish a medical department. The new school will be located in Boston, and will be opened next October to men and women on the same footing. Albert Nott, M.D., is the Dean, and Charles B. Thayer, M.D., the Secretary.

### Miscellaneous Notes.

Next to mother's milk for babies, Howell's Evaporated Milk. Purified, unsweetened and sterilized. Samples free to physicians. Morgans & Wilcox, selling agents, 221 N. Main St., St. Louis.

The practitioner often comes in contact with women suffering with uterine troubles of an obscure character, accompanied by pains and aches, and a general feeling of lassitude and debility. In these cases, Aletris Cordial is specially valuable.—Chicago Med. Bulletin.

Herpes Zoster.—Dr. Ohmann-Dumesnil, in a valuable article on herpes zoster in the *Quar. Atlas of Derm.*, recommends Peacock's Bromides as a nerve sedative when the prodromic symptoms appear.

Aristol in Erysipelas.—In a discussion before the Société Medicale des Hôpitaux, Paris, Session May 19, 1893, on the different methods of treating erysipelas locally, Dr. Ferrand stated that a compound of ether and camphor, equal parts, as recommended by Trousseau & Delpech, appeared to be efficacious, but the best preparation was found to be a ten per cent. solution of Aristol.

Antikamnia in Indigestion.—Curran Pope, M.D., Louisville, Ky., Clinical Lecturer Diseases of the Mind and Nervous System Louisville Medical College; Consulting Neurologist Louisville City Hospital, writes under date of May 9th, 1893: "I have used your Antikamnia Tablets of five grains in conjunction with Naphthaline. Especially are they of advantage in conditions of fermentive indigestion, and where antisepsis of the gastro-intestinal tract is desired, and practitioners of experience will find that many headaches are the result or accompanied by digestive disturbances. A combination of Antikamnia and one to two grains of Naphthaline is very effective.

Cactina Pillets in Valvular Disease of the Heart.—I am glad to state that I have formed a high opinion of Cactina Pillets. One case in which I tried them was an old gentleman who has been suffering for years from valvular disease of the heart, and who for over four years has never been able to leave off taking some form of heart tonic. Latterly he had been taking strophanthus, but a month ago it brought on diarrheea and we had to leave it off. Digitalis he could not take, and having tried strychnia and various other remedies without doing any good, I resorted to Cactina Pillets. I gave him a bottle of 100 pillets, and marked improvement resulted, and since then he has taken more. He himself says he is stronger and better than he has been for years, for proof of which is that he can now walk about his grounds, whereas he formerly had to be wheeled in a bath chair. One of my favorite prescriptions is the following:

R.	Cactina Pillets	<b>xx</b>
	Ammon, Carb	or. xxx
	Spts. Chloroform	"Ziss.
	Tr. Columbæ	žii.
	Aquæ, q. s. ad	₹viii.
	q, <b>1</b>	

M. Sig. One ounce three times a day.

T. GORDON KELLY, M.D., A.B., etc. The Priory, Desford, Leicester, Eng.

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Papoid in Consumption.—Dr. E. A. Wood, Ex-Chairman of the Committee on Dietetics of the American Medical Association, says (Pittsburg Med. Rev.): Knowing the power of Papoid to destroy germs in ulcers and on open surfaces, I have employed it in ozena, ulcers of the larynx, and in ulcers and cavities in phthisis pulmonalis. I have used the drug, first by insufflation, but latterly by using the Glycerole of Papoid by the atomizer. Since the eight months of trial I have been more and more convinced of its efficiency in the lesions ramed. The treatment followed is:

First. Bromide of Gold and Arsenic internally, ten drops in water before meals.

Second. Depress the tongue that the spray of Papoid may thoroughly reach all parts of the larynx.

Third. Cause the patient to breathe deeply that the drug may reach all parts of the bronchioles.

Fourth. Employ the spray for at least ten minutes at each sitting. Fifth. Use the spray morning and evening.

If there is no ulcer the Papoid can do no good used as a spray. To obtain the best results the Glycerole of Papoid should be diluted with an equal amount of alcohol.

When Papoid is used as a digestive ferment in cases of consumption where there is debility, weak digestion, and the suspicion of congested mucous patches, the drug should not be given in concentrated form, lest it dissolves the weakened tissues. In that case incorporate the Papoid with the food before it is eaten. Sometimes it is better to partially prepeptonize the food.

Nature's Anti-Fat Remedy.—We do not know that the extreme heat of summer will directly cause an absorption of the anti-fat of the body, yet if there is ever an excuse for the loss of flesh it ought to be at such a time as this. It seems, therefore, quite out of place to mention any kind of an anti-fat remedy other than a temperature of 100 degrees in shade. However, if any of our readers prefer the cool breeze of the mountains, and at the same time are heavily burdened with adipose tissue, we cannot do better than recommend to them Phytoline (Walker), the anti-fat remedy of the day. We cannot give the philosophy of its action, but the clinical reports indicate that it is a drug capable of accomplishing what is claimed for it.—[Extract from Food.

### Gonorrhœa.—In any stage, try internally:

₽	Potassii bromidi Sodii Bicarbonatis	
М.	ft. sol. Sig. One drachm three times per day.	
ıd a	s an injection:	
Ŗ	Extract Pinus Canadensis (white) Tinct. Opii Glycerini Aquæ Rosæ, ad	. Žiss. . Žiss.
M.	Sig. Inject every three hours.	J ,

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### Original Communications.

PERVERTED NUTRITION. By GEORGE B. H. SWAYZE, M. D., Philadelphia, Pa.

Repeatedly as a leading thought in these pages consideration will be drawn to perverted, or abnormal, defective nutrition as a fundamental element of disordered health. The thought is worthy of more than ordinary attention, and will bear daily elaboration by those concerned in the understanding of the ground-floor of diseases.

Passing by the subordinate side-paths of innutrition and debility consequent on digestive deficiency, which manifests the superficial symptoms for peptonoid aid, it needs be borne specially in mind that the great basis of normal nutrition resides in normal oxidation of nutritives while in the circulation, and in their subsequent elimination to make way for fresh supply. On quality and completeness depends the grade of repair and integrity of function. Foods cannot be utilized unless normally elaborated by the chemistry of nature, and the old needs be resolved and dispersed to make way for the new, else nutrition and foods depreciate together.

Dr. Hoke, in an argument in the North American Practitioner on personal identity, states incidently that the adult person annually requires an average of about 650 pounds of semi-solid and an equal quantity of fluid matter, and 700 pounds of oxygen to maintain the organism in a normal state.

The point that I would here make is that the 1300 pounds of gross material would utterly fail in the needful function's of normal nutrition, were it not for the transforming virtues of the 700 pounds of oxygen. Also, if the proportion of oxygen consumed were relatively less, then oxygenation would be deficient and the nutrition consequently deficient and perverted.

Dr. Hoke also says: "While the annual waste of semi-solid and fluid matter is only 650 pounds, all of the 2,000 pounds consumed by the person is thrown off in a chemically changed state by being differently compounded;" meaning that the remaining 1,350 pounds are re-compounded into invisible gases and dispelled. In this wonderful process the ratios of all constituents need be normally preserved, if nutrition would be kept normal and the equilibrium of health preserved. Then, since oxygen is the vital transformer of the agents of nutrition, and a normal ratio of oxygen is furnished by pure air only or its approximate, it must be clear that if breathing air is deficient in oxygen and is impregnated with poisonous gases, the result necessarily is defective and perverted nutrition.

What are the evidences? If the current articles in the mass of medical journals were gleaned, a volume of cases and diseases made the subjects of progressive papers by eminent authorities, might be quickly compiled, as due to radical infirmity of nutrition and de-nutrition. And yet, though these disorders are so graphically described and many modes of treatment suggested, I do not find a tangible cause or reason advanced by these learned writers to practically explain why mal-nutrition is so general a complication, and how avoided.

Professor Christopher, in Archives of Pediatrics, approaches nearer than most do to the thin veil which has so long disguised the real character of a large category of diseases. Under the head of nutrition neuroses in children he specifies a list of possible neuroses which may naturally arise from defective nutrition, termed by him also "starvation neuroses": anæsthesia, hyperæsthesia, neuralgia, variation of temperature, muscular

hypertrophy and atrophy, paralysis, convulsions, chorea, dyspnœa, dysphagia, vomiting, deranged intestinal action, laryngismus stridulus, asthma, incontinence, vaginismus, heart disturbances, variation of secretions, modification of absorptive and elaborative organs, disordered respiratory and excretive and reproductive organs.

"Of these various possible neuroses," says Dr. C., "some, such as those of the elaborative organs, cannot be shown to exist at all in the present state of our physiological knowledge; others again, as those of the genital organs, do not exist in childhood; while yet others do occur, some occasionally, some very frequently."

The above shows that Dr. C.'s advanced etiology has not to his perception cleared its physiological bearings. But suppose this great problem be viewed under the arc-light of the essential and persistent prejudice to nutrition and de-nutrition which results from mal-oxygenation of the blood and organism, as the actual effect of the presence of the toxic fuel gases and other common pests in much of the daily breathing air of the human This would furnish a natural demonstrafamily in civilization. tion that, in both children and adults, not only these neuroses but yet other afflictive diseases, including the scourges of la grippe and consumption, are physical results of customarily inhaling poisonous elements thrown into the local breathing air by ordinary combustion of fuels and illuminants, aggravated by close heat, dust, smoke, sewerage and re-breathed decay.

In a paper on "Vesical Irritation in Women," Dr. Mary Putnam Jacobi makes this significant statement: "Recent researches tend to focus and accentuate the conviction which many observant physicians must have found, that the irritative phenomena of neurasthenic conditions are probably traceable to the immediate action on nerve-centers of toxic substances circulating in the blood. It is known that the forms of neurasthenia which are characterized by simple debility are often wonderfully benefitted by an excessive meat diet."

Here again is perceived a groping for some missing link in physiological integrity. There is recognized harassing debility and irritability of system: it is divined that there must be a poison in the organism and lack of nutrition. The feeding-end of the dilemna is abnormally re-inforced, but nothing said of

the oxygenation and adjusting relations of food, nor any practical light thrown on the reasons why the organism is hampered with toxic débris.

According to Dr. Jacobi, her patient was "a thin, pale, anæmic woman; had been overworked and underpaid in responsible business employment; suffered severe spasmodic dysmenorrhœa and a distressing, burning sensation at urethra; continuous hum at jugular; distress rather than pain in back of head; bearingdown sensation in hips and hypogastrium, heaviness extending down the thighs; constant sense of fatigue, mental and physical."

The case had been under treatment by a prominent gynæcologist three months without help; was next in the wards of the Woman's Hospital ten months, leaving it rather worse. Believing this patient might be relieved through increase of certain nourishment, Dr. J. states she intended to administer a pound and a half of meat a day, but patient could only take three-quarters of a pound each day, and on third day manifested such intense aggravation of symptoms and toxæmia that the meat-feeding had to stop—and was succeeded by a diet of milk, baked apples, a little rice, minute doses of iron and maltine, and keeping in bed much of day—but without conclusive restoration.

The tedious treatments applied to this case were evidently defeated by misconception of the major cause and the non-adjustment of the rational remedy. In chronic complaints all minor causes are embraced in the major cause; and unless the latter be recognized and remedied, the assumed plan of relief is prone to run blindfold wide of the true line of cure. The case doubtless was a typical one of debility and neurasthenia caused by anæmia or blood-starve and mal-nutrition or depressed and depraved organism. But the major or bottom cause of these lesions was her confined life in a depreciated indoors breathing air, of which no definite account seems to have been embraced by the treatments adopted.

The case has evidently been one of the persistent toxemia from inhaling poisonous fuel-gases and stale house air; hence, instead of gynæcological dabbling, she needed sunlight; instead of hospital wards for ten months, she needed outdoor life; instead of static electrical appliances to the occiput and surfeit of meat in her stomach, she needed aerial oxygenation of blood and cells and

tissues, and normal elimination of irritating waste matter; instead of lying in bed in day time on an infantile diet of milk and rice, she should have won an appetite for substantials and sweetened her breath by consort with the morning dews, purified her juices with ozone, and replenished her nutrition with the unerring foods which she truly relished; and doubtless instead of sugary maltine, a refreshing peptonoid and generous bitter malt after meals and all the ripe fruits would have rested and braced her jaded organism. Dead material must be daily thrown off to prepare way for foods and medicine, or a spoiling surfeit clogs and cloys the only channels to their practical usefulness.

Allusion is not here made to any individual case for criticism, but to illustrate the fact that stubborn symptoms depend on some habitual perversion of nutrition-a condition of the system growing mainly out of daily environments of impoverished Nature does not work on any narrow or personal breathing air. The principles of her operations are vast and comprehenscale. sive. The mistake of medical treatment too often oscillates between the idea of individualism of disorder and specific qualities Septic matter or other débris, poisons of any kind, of remedies. whether from bad air or natural decay or non-eliminated drugs, when lodged in the blood and nerve centres, mean also the presence of materies morbi in the tissues and organs. The short cut for relief across the mazes of physical embarassments which result from abnormal conditions, consists in judiciously reversing the unsanitary environments, in order to promote the natural operations of the system toward harmony and health.

Rheumatism is as much a disorder of perverted nutrition as is neurasthenia. A close, gas-poisoned breathing air aggravates neuralgia, and rheumatism and its sequences, just as certainly as such air aggravates croup, bronchitis, nausea or spasms. All the painful phenomena of inflammation, of morbid anatomy in any part, are the sad expressions of degraded or perverted nutrition and denutrition. They all show the degenerate spoils of excess of septic débris in consequence of deficient intra-oxidition and construction. The morbid chain and cross-links of pelvic inflammations, pelvic cellulitis and abscess, pelvic cancer goading womanhood, are gradually forged through the malconstruction of perverted nutrition.

Many a pathetic case is met, involving broken-down, degener-

ate cell-tissue, sluggish assimilation and low vitality progressively induced because of living in close and over-heated rooms—sleeping "all shut up, without a breath of air," and perhaps a stove or gaslight or oil lamps burning besides—lungs and blood, brain and nerves, deprived of the normal oxygen and ozone of fresh air. These cases may have plenty of food and due variety, and yet starve in their nutrition; may have abundant clothing, yet shiver with chill and cold because of lack of natural intercellular heat-making process; have worldly possessions and good houses, yet sorry homes and sickly constitutions because of spoiled air and organic contamination.

In the light of such great and valid facts, it seems like travestie to indulge the notion that cell degeneracy proceeds from some peculiar germ, hapless and helpless, which drifted through innocence or accident into the parts to crumble the pillars of life, since protracted non-oxygenation and non-nutritive processes must have preceded all logical possibility of active decay.

The term hay-fever is a misnomer; but reverting again to its rational etiology, Dr. Tyrrel, arguing in the Canadian Practitioner from his own case, believes the disorder is a manifestation of lithæmia resulting from imperfect oxidation and disintegration of nitrogenous matter in the liver, occasioning the production of insoluble lithic acid and lithates; \* \* \* and from defective functional action of the kidneys, with effect of retaining in the system lithic acid not otherwise excreted. Vigorous exercise, he found, promoted disintegration and elimination of waste products, would quite exempt him from ordinary attacks of hay-fever, and relieve the attendant sense of prostration.

This was rational theory, since said exercise was engaged in out-door air—one season he rowing a canoe on the river—where he naturally not only oxygenated his blood, but escaped irritating house gas and town dust. His personal analysis of hay-fever practically places this disorder on a rheumatic basis for cause; and in confirmation he testifies that the antilithic salicylate of soda given in free doses does not only give positive relief, but he found would, when timely taken, defend him against usual recurrence of attacks.

A determining factor why many are so prone to coryza, hayfever and other forms of influenza, is the circumstance that in conjunction with the systemic condition disposing to these lesions, they have peculiarly sensitive nasal and tracheal tissues, which fret and inflame from contact with certain poisons in the air. The acridness of the poison usually inhaled is readily inferred from the ichorous blisters of "cold sores" raised around the nostrils and upon the lips after the toxic assault.

In my own case, a journey of three hours on a dusty train, drifted by coal-gas and débris from the locomotive, will sometimes produce an immediate attack. So also will a considerable descent of fuel-gas and smoke from the cooling air of the city on a murky day; likewise will a blustering state of air, especially when also dusty, by which fuel-gases and smoke from chimney tops are whirled toward the ground. Carpet or house dust, heated, lamplighted, close rooms; the foul air of crowded places anywhere, will equally induce in me the discomforts of coryza and irritated trachea, ruefully suggestive of threatened grippe. And, like thousands of others who suffer in similar way from almost invisible provocation, my system has long been disposed to lithic or rheumatic tendency through my unavoidable exposures to house gases in families where professionally called.

The amount of coal gas and various fuel gases produced daily in a great manufacturing city is not readily computed. It would have to be first ascertained how many thousands of tons of coal, coke, coal oil, benzine, wood, illuminating gas were burnt in dwellings, business places, factories, iron works, locomotives, and at unnumbered avocations; and from the bulk of combustibles burned compute the bulk of toxic carbonic oxide gases produced and thrown off into the immediate air.

In Philadelphia there are 235,000 houses, to say nothing of smith shops and manufacturing works in great profusion, where there is tremendous consumption of fuels. In these 235,000 houses from one to five fires will be kept up during much of each year. A dentist who lived in a moderately large house kept ten fires besides the kitchen range burning during the winter season. It is needless to add that he and all his family are "dead and buried" from their insupportable coal-gas "colds" and "asthmas." But it is not the combustion gases thrown into the air from chimney tops only which play greatest havoc in families. The greater harm is done by gases backed and leaked and openly produced in the indoor breathing-air and detained there by closed doors and windows during much of each twenty-four hours.

Comparison assists to show relative facts. London embraces about twice as many houses as does Philadelphia. day these London houses consume 40,000 tons of coal. thriftier working classes in Philadelphia burn a larger proportion ordinarily than London working classes, where three families out of five earn but three shillings a day. It is estimated that from the 40,000 tons of coal consumed in the houses of London on a cold day there is emitted 480 tons of sulphur in sulphur gas. 6,000,000 tons of coal are required to produce the gas used in lighting London each year. Other modes of consumption of fuel are not specified; but the weight of the smoke cloud overhanging London has been computed at 50 tons solid carbon, and 250 tons of hydro-carbon and carbonic acid gases for each day. computed proportion of these poisons was emitted into the breathing-air of the houses before drifting into the outdoor air. What is true of a London house is true of most others.

The combustion of a ton of coal requires 537,600 cubic feet of air, and produces nearly three tons of carbonic oxide gases. Wood consumes less air in burning, but throws off toxic carbonic oxides the same as coal. Kerosine and illuminating gas burned in the open air of rooms consume largely the oxygen and throw off toxic gases into the house air, unfitting it, when shut up, for wholesome respiration. Besides these common factors of impaired health, how shall we compute the injuries resulting from house-air vitiated by effluvia from sewage, uncleanly chamber vessels, and exhalations from the bodies and lungs of those who breathe it?

It is becoming recognized that there is lithic or rheumatic poison-phase threading the expression of diverse groups of complaints, separate in nature only by resembling lines of their local or individual symptom. This truer conception will strengthen with every unbiased study, for it will be demonstrated that disordered nutrition lays the basis of most diseases; that autopoisoning through inadequate oxygenation and elimination constitutes the morbid ground from which arise general disease and suffering; and that the home-made local poisons of house air and breathing air of other places occupied diversely by population, compose the customary toxic environment with which health and vitality are daily sapped.

There is a carbonic-oxide (coal-gas) anæmia, coal-gas heart

struggle, coal-gas asthma, coal-gas strangling cough. How many persons, especially women who are much indoors, complain of "short breath" either by day or night? How many are doctored long and hard for phrased technicalities, who suffer for oxygen? The combustion gases and close air inhaled by these complainers curtail the oxygenation of their blood in their lungs, at once producing dyspnæa and laboring heart.

In cases of children the thought of "hay fever" does not readily suggest itself, for reason, I suppose, that they are not considered old enough to "go a-haying." So with their symptoms of respiratory poisoning there is usually associated the idea of croup, catarrhal fever, croupous pneumonia, emphysema, grippe. But even here the broadening perception is getting down of late from the old wood-pile of "a cold," close enough to allow that a babe in its cradle, in a stove-heated or furnace-baked room, stands little chance of stealing out in stocking feet to wade the creek or slide on the ice bare-headed, but suffers with a toxemia nevertheless—possibly the door having been opened by someone who let in— a "germ!"

The fact is patent that children, more than any other class, are subjects of poisoned nerve centres and perverted nutrition; that no other class are subjected to the depressions of carbonic oxide poisoning from fuel gases and house air; that among no other class is there so great fatality. Scorbutus in infants, rickets, tuberculosis, convulsions, palsy, hydrocephalus—how can they be reasonably accounted for except on the basis of unholy house air and depraved nutrition?

As repeatedly contended in these pages, depuration of cells and cell-function is just as imperative a necessity as is feeding. Dr. Tyrrell attributed his hay fever largely to deficient liver function. This attitude merits a further glance. Much is said in daily practice about bile and "bilious." We are taught that bile consists not only of useful matter, but of depurative matter also. The same must be understood of the blood-tissue, all glandular tissue, muscular and nerve cells everywhere in the organism. Worn out material becomes dead, and unless dead material is eliminated as fast as produced, it becomes effete, obstructive and poisonous, depressing the elasticity of the system, intricately and generally. In such situation the body needs no waiting for an accidental introduction of dead matter, like

dried sputum or scales from another case of disease, to act as a ferment-source of blood poison, since the system has in itself innumerable points of blood contamination with which to disorder nutrition under unfavorable circumstances.

Every glandular secretion necessarily contains besides its normal product a depurative product by which the gland cleans or clears itself of worn-out cells. Glandular tissue is thus a strainer and drainer in the preparation of needful material and removal of transportation of waste. Worn-out blood corpuscles must be removed alongside the replenishment of new corpuscles to maintain the equilibrium of health. And to this end the lungs cannot contribute their ordained share toward the hygiene of the blood, by the purification of the venous blood pumped into the walls of the air-cells, if the air itself be charged with a destructive poison of a gaseous or malarial character.

Everyone should know that carbonic oxide or fire gases are destructive to the integrity of blood corpuscles, not for an hour or a day, or in certain places under certain circumstances, but always in all places under all circumstances. And the successful removal of blood and cell impurities through legitimate aeration is impracticable whenever the breathing air is degraded by admixture of material antagonistic to health.

And how soon the brain suffers from depraved nutrition! Headaches will never be explained except on this practical line. Insanity is no longer attributed to natural shallowness of intellect. Insanity is largely due to toxic impress on brain and nerve centres through perverted nutrition. Mental disorder may be precipitated by overwork and overworry; but there previously exists a ground floor source of irritation and defect in the nutritive equations, through which eventually mental balance is jostled or lost.

Hospital Habit.—In a paper contributed to a lay contemporary, Mr. Herbert Spencer says that thirty per cent. of the people of London are frequenters of the hospitals and dispensaries, and that the largeness of this proportion makes it clear that most of them are able to pay their doctors.

ABUSE OF CAUSTICS IN GYNÆCOLOGY. By Dr. H. HAHN, St. Paul, Minn.

Considering the treatment of the diseases of the female sexual organs, so far as it is carried out by some general practitioners, we find two diseases and three remedies in and with which the most abuse is done. By far the most of all this class of diseases presented to the physician is endometritis, and very frequently it will be submitted to the treatment without considering the character or the cause of it. The two most important complaints the patient will make are leucorrhæa and profuse menstruation (menorrhagia), and in some cases metrorrhagia, which is frequently considered not as a hæmorrhage for itself, but as a too frequent and profuse menstruation.

It is not within the limit of our paper to describe the different forms of endometritis and their treatment, but more to show the errors of the so-called treatment and the sins that are committed by it.

The first remedy used will be a number of vaginal injections which are recommended highly in some text-books, and after the disappointment of their uselessness is met it will be compulsory to carry out a more heroic treatment. In so many articles we find the intra-uterine treatment recommended as the only one which will give a satisfactory result, as the nostrum is applied directly to the diseased portions, and the more these portions are treated the greater will be the success. There is a great deal of truth in this sentence, providing, however, the intra-uterine treatment be carried out rationally and according to the case and circumstances.

The first one applied into the cavum uteri, and not the worst one, will be the nitrate of silver stick. In chronic endometritis we find frequently the os of the uterus dilated, and so it is very easy work to cauterize the entire membrane of the uterus with the mentioned nostrum; and we have a text-book before us which even recommends to break off the stick in the uterine cavity and leave the piece there. It is, however, a happy thing to see how even Nature protects herself against a heroismus, as the piece of the nitrate of silver which is left in the uterine cavity will be at once surrounded by a mass of coagulated albumen and, with more or less pain, expelled in a short time.

By these applications the mucous membrane of the uterus will be kept in a constant irritation, and soon another remedy will be applied—the injection of tincture of iodine.

We consider the tincture of iodine as a very valuable agent in the practice of gynæcology, if used in proper cases and in a proper way; but constantly pouring with a syringe the tincture into the uterus is condemnable, and will lead frequently to complications of the original disease.

Many patients tolerate the injections comparatively well for the time that they are on the chair or in the hands of the physician—or, we will say, have such a self-control as not to show how much pain caused by the uterine colic they have to suffer—and will give way to the pain as soon as they reach their homes; but now and then he will meet a patient who after such an intrauterine injection will faint away and go from one paroxysm to another for about an hour; and the doctor will he happy to see his office doors closed by this patient.

These severe pains are caused, in our opinion, as soon as the injected fluid by some force is driven into the tubes; and it may occur that the fluid even reaches the abdominal cavity, and many cases of peritonitis and even death are due to such a performance.

Salpingitis, for a time, was in nearly all cases considered as of a gonorrheal origin, or as a secondary of purulent endometritis; but we may say that many cases of salpingitis are caused by the intra-uterine injections, where the caustic fluid reached the tubes and caused the inflammation, as the gonoccoccus Neisser so far never could be detected in the fluid contained in the tubes.

The third remedy, and the worst of all, is the intra-uterine application of zincum chloratum in pencil form—made out of four parts of zincum chloratum, with one part kali nitricum, or the mildest form; three parts zincum chloratum and two parts kali nitricum, after Dumontpallier, a French surgeon.

The entire lining of the uterus will form one large eschar, and will be expelled in a short time as such; and very frequently the result of this application will be a complete stenosis of the uterus, or a stenosis of a high degree, which must be relieved afterwards by a surgical operation. Not long ago we had such a case under treatment, and we will give a description of the case as an illustration of our statement:

Mrs. M., aged 25 years, very good family history, married

some three years, never pregnant, menstruated from her 16th year regularly, was always healthy. About nine months ago she began to suffer with a profuse leucorrhea, and a short time afterwards irregularity of the menstruation set in, as the menses appeared in intervals of two or three weeks, and sometimes profuse in quantity. She underwent different treatments, from vaginal injection to the application of electricity, with very little relief, and finally she was submitted to an "operation," consisting in burning out the diseased lining of the uterus, which was done, as we found out later, by chlorate of zinc paste.

A very short time after the eschared portions were expelled the different symptoms of the former trouble had disappeared; and, in her opinion, the success of the operation was so great that she, to her and her husband"s happiness, a short time afterwards considered herself pregnant, as the next menstrual period after the operation did not appear, and only pain and uncomfortable feelings were in its place. So the second and third month menstruation did not appear, and the ill feelings kept on, increased at the time when menstruation should set in, which was considered by her and her friends as a sign of pregnancy.

After the third month, or we will say after the third missed menstrual period, patient called at our office to get some relief, so she would be able to go to "full term."

Making a digital examination we found the uterus slightly anteverted, enlarged, cervix soft and bulky, but to our surprise we could not find the os uteri. By introducing a speculum we found the os entirely closed and in its former place a bluish, cicatricial line. We felt very sorry to destroy our patient's happiness by denying the pregnancy and informing her with our diagnosis of complete stenosis of the uterus, caused by application of a severe caustic and retention of the menstrual fluid in the uterus for the last three months.

A few days later patient was submitted to an operation, performed as follows: Cervix was punctured in the middle of the cicatricial line, a narrow-bladed knife introduced, and bilateral incisions performed. After dilating, the uterus was emptied of its contents, washed out with antiseptic solution, curetted and washed out again with hot corrosive sublimate solution. Patient made a rapid and complete recovery in every respect.

The next place where we not only find maltreatment, but also

error in diagnosis is not understanding the state of affairs properly, in the cervix uteri itself. Very many times we hear, not only from patients, but also from physicians, of "ulceration of the cervix," a condition where they will be unable to give either an anatomical or pathological definition.

We admit that we find in cases of acute idiopathic catarrh of the cervix a condition which we can call "erosions," or "eystic degeneration of the cervix," but never an ulceration in the truesense of the word.

In acute idiopathic catarrh of the cervix we have an hypersecretion of the cervial glands; the mucous membrane hypertrophied and thickened and the ducts of the glands are narrowed or even closed. By this obstruction we get a retention of the secretion of the cervical glands, and they form small cysts, or undergo a cystic degeneration, known under the name "ovula Nabothi" (named after Martin Naboth, 1675–1720, professor in the University of Leipsic), who was the first observer of this condition, but erroneously he considered them as "ovula."

The extensive use of the nitrate of silver, in substance applied to the cervix, and into the cervical canal, is not uncommon in these cases and will lead frequently to stenosis of the entire cervix of the os uteri, as we had the occasion to observe in different cases.

The second condition of the cervix, which might be called by the name "ulceration," and by far the most common one, are the lacerations with ectropium. The everted mucous membrane of the cervix, being for a long time in a state of hypertrophy, or chronic inflammation, is bulged out, and then it is not considered as mucous membrane, but is erroneously taken for "ulceration." Whenever in the practice of medicine any abuse with caustics is done, so is it done in these cases to the greatest extent. At this conclusion we arrived after we had occasion to observe and trust a great number of cases during the last year, which were referred to us after a great number of caustics and applications were tried, to "get rid of the ulceration," and "bring the cervix into a proper condition."

To these everted and inflamed mucous membranes we see applied nitrate of silver, Monsel's solution, and different other tinctures of iron and also the old friend—tincture of iodine.

By asking the performer of such a treatment for a definition



and explanation of the requirements or necessity of such applications we are sure to receive in most instances only the answer: "There had to be done something for the patient."

Yes, indeed, there was done something for the patient in the hands of an unscrupulous physician, but not so much for the benefit of the patient as for himself.

Furthermore, where the diagnosis is made right, and laceration with ectropium of the cervix were recognized, we meet frequently the same errors; and some of the profession will try to restore the laceration by frequent application of caustics of different kinds to cure the patient without an operation. After observation of a great number of these cases, we can say that it is impossible to restore a lacerated cervix by such a treatment; and where a success is claimed, it was a slight laceration only, not worthy of an operation or any other treatment; but on the other hand the treatment as such was more dangerous for the welfare of the patient than the laceration itself, as a stenosis of the cervix could very easily be the result of it.

Considering all the dangers due to the application of caustics, it should be the rule not to apply them in cases where other means as curette, plastic operations, etc., etc., which are under perfect control of the operator and harmless to the patient, are at hand; and every man with practical experience will confess that it is impossible to gauge or control the effect of an applied caustic remedy.

William B. Towles, late Professor of Anatomy and Materia Medica in the University of Virginia, was born March 7th, 1847, at Columbia, Fluvanna County, Va.; entered this University as a student of Medicine Oct. 1st, 1867; and was graduated with the degree of Doctor of Medicine in June, 1869. On Oct. 1st, 1872, he returned to the service of the University as Demonstrator of Anatomy, and on the death of the revered and lamented Dr. John Staige Davis in 1885 was appointed his successor. Hedied Sept. 15th, 1893, upon the opening day of the seventieth session of the University, after an illness of a few hours.

TREATMENT OF TYPHOID FEVER.\* By Jno. W. TRADER, M.D., Sedalia, Mo.

It is well at times for us to sum up the results of a procedure, however universally it may have been adopted, and however trite may be the object for which the procedure has been instituted. Therefore I deem it unnecessary to offer any apology for presenting to you to-night an analysis of thirty cases of typhoid fever treated during the year 1892. All except four of these cases were treated in the M. K. & T. Hospital. Of the four cases, one was a sister in the convent on West Third street, and three were children in a family in northeast Sedalia. The list embraces all cases of typhoid fever seen during the entire year. All the cases except two were males. Age of oldest person was Only three were under 20, viz.: 8, 10 and 15 years. From 20 to 25 years there were eighteen cases; from 25 to 30 years, five cases: from 30 to 40 years, four cases. of the cases were unmarried. Twenty-nine cases were white; one colored. Nineteen of the cases were from Texas; four from Indian Territory; six from Missouri; one from Kansas. One case began in May; two in June; one in July; two in August; two in September; seven in October; eight in November; and seven in December. As regards duration, three cases continued longer than 50 days, viz., 52, 71 and 85 days; under twenty days, 3 cases; twenty to twenty-five days, 5 cases; twenty-five to thirty days, 10 cases; thirty to thirty-five days, 5 cases; thirty-five to forty days, 2 cases; forty to fifty days, 2 cases.

All these cases presented the unmistakable signs and symptoms of typhoid fever. No two precisely alike, but all having those features characteristic of this disease: Peculiar mode of invasion, malaise, diarrhea, ochre-colored stools, tympany, illio-cecal tenderness and gurgling, and remittent elevation of temperature.

Epistaxis occurred in a large number of cases, but in only a few was plugging of nares necessary. The rash, which is by many regarded as distinctive of this fever, was not found except in a few cases, though it was carefully sought for in all. Hence I have ceased to rely upon this sign as a constant indication of

<sup>\*</sup> Read before the Pettis County (Mo.) Medical Society.

this type of fever. In none of the thirty cases were there any grave complications.

Relapses occurred in a number of cases; two or three suffered more than one relapse; and in every case this was attributed to indiscretion in diet. The second course of fever has usually continued as long as the primary attack, but has not been so severe.

The mild course of most of these cases, I am convinced, was in part due to the treatment, which was systematic, and not entirely expectant or symptomatic, as we are sometimes advised. The systematic part of the treatment consisted of a restricted and regulated dietary, with the exhibition of aromatic sulphuric acid and salol. As to diet, I need only say that it consisted of such articles as are easily digested and most nearly wholly absorbed, viz.: milk and lime water; eggs (soft boiled, poached, or raw in the form of egg-nog); beef tea, kumyss, etc. learned to insist upon the lime water in the milk, because it seems to render the milk more suitable and easily disposed of by Even those who in health were not fond of milk most all cases. will take a considerable quantity of it with lime water and suffer no inconvenience in consequence.

The eggs are prepared in the different ways, to vary the monotony, and it is remarkable how long these patients will relish this restricted diet. Nourishment is given in small quantities and at short intervals for obvious reasons. All patients were allowed lemonade and water ad libitum.

Some recent articles in our literature on this subject tell us that typhoid fever patients should be allowed to have almost any kind of food. My experience has taught me that it is hazardous to pursue such a course, for I know that in several of the cases reported in this analysis we came near losing the patient from improper food.

In all cases, we have given continuously the aromatic sulphuric acid in doses of from fifteen to thirty drops every four to six hours. Among other reasons for this, is to increase the plasticity of the blood, overcome the relaxed condition of mucous membranes and prevent the tendency to hæmorrhage.

That this is rational I have seen demonstrated in a number of cases. As to salol, it seems unnecessary to say more than that it was given (five grains every four to six hours) in every one of

these thirty cases, and with entire satisfaction in all, whether it kills the bacilli, limits their activity, or simply prevents the absorption of ptomaines, is immaterial to our present purpose. We know beyond any doubt that it renders the course of this disease more mild; that tympany is not so constant or excessive; that the temperature range is not so high; that delirium is not so In fact that every symptom is favorably modified by the use of this drug. In very few of these cases was there distressing tympany, diarrhea or delirium. How different is this from what we formerly witnessed when we had an enormously distended abdomen, uncontrollable diarrhea and weeks of low muttering delirium. When any of the cases developed a tendency to diarrhea we have given pulv. opium and bismuth sub. nit. until the bowels were locked up; and frequently the patients would not have a movement from the bowels for a week or ten With this plan of treatment we have found the temperature easily controlled by sponging or five grains of acetanilide when it was 103° F., or above.

We have not found the cold pack often necessary. The bath was not employed in any of the above cases. These cases have been reported, not for the purpose of presenting anything original, for the plan of treatment herein outlined is now, I believe, the practice of all advanced physicians.

My object has been to call attention to the advancement of the past few years, and to offer more testimony to prove that the new is better than the old.

It is scarcely probable that a few years ago you could have found the report of thirty consecutive cases of genuine typhoid fever without a single death.

The paper was discussed by members present. All agreeing that the results were unusually favorable, and complimenting the author.

A Brainy Therapeutist.—A native of Georgetown, Md., has the following sign on the front of his store: "Born with brain within brain i can kure enny kind of misery in a short time with only the best erbs to be used."

TREATMENT OF OBESITY AND FATTY DEGENERATION. By G. H. THOMPSON, A.M., M.D., Professor Materia Medica, St. Louis College of Physicians and Surgeons.

It is not necessary to enter into a discussion of what constitutes fatty degeneration; suffice it to say that this condition generally co-exists with a tendency to general obesity or results from the abuse of alcoholics. Those having a tendency to general obesity, are usually partial also to diets rich in sugar and starches, and small amounts of carbo-hydrates added to such diet, greatly favors the deposition of fat. The hereditary tendency to accumulation of fat, in my experience, usually manifests itself in males at the age of thirty, sometimes earlier, sometimes In females usually at about twenty-eight. As long as fat serves its functions only—that of adding rotundity to the form and serving as food supply—in times of sickness there is It is, when it accumuno necessity of seeking to eliminate it. lates persistently, causing distress by its weight and interference with locomotion, or when internal viscera become so degenerated by substitution of fat for normal organic tissue, that distress is caused or life threatened, that we should seek to correct its effects.

The members of the medical profession doubtless have their own ideas as to whether relief should be given on purely cosmetic grounds, or not, and it is not my intention to discuss this subject from such a standpoint. The question is, how can necessary relief be afforded? In endeavoring to throw some light on this question I take occasion to report a few cases.

CASE 1.—Mrs. E., æt. 28, weight 138 pounds, height 5 feet, complained that she suffered from heat. For two years she has been unable to stand the moderate summer elevations of temperature without great inconvenience. Perspired, so freely that she was obliged to remain indoors most of the time between June and September, on account of ruining her clothes with No female or other trouble was present, but she perspiration. seemed to have a superabundance of adipose tissue generally distributed, especially about the chest and abdomen. Concluded to see the regular, bowels and courses likewise. effect of reducing her weight, and for this purpose, after trying fucus vesiculosus in the dose of one to two drachms of the fluid extract three times a day, with some slight benefit, I determined to try phytolacca decandra, which has been recommended by Dr. M. M. Griffith, as a potent measure in diminishing obesity. The preparation used was Phytoline (Walker), a remedy prepared from the active principle of the phytolacca berries after being somewhat frost-bitten. The dose first used was gtt. xv., four times a day. The patient used two bottles, after which she reported herself feeling very much improved, perspiration lessened, weight 128 pounds, appetite about the same, regular bowels and courses. I could find no bad effect from the remedy.

CASE 2.—H. W. M., æt. 33, weight 160 pounds, height 5 feet 6 inches, complained of præcordial distress, difficult breathing, occasional attacks of vertigo; heart-beat feeble, irregular and slow, sometimes rapid; anæmia, weakness in the legs, which were not very muscular. Patient was addicted to alcoholics, suffered consequently from dyspepsia and atony of the bowels. Diagnosis: fatty degeneration of the heart due to alcoholism. Stopped his alcoholics, administered stomachic tonic of quinine, strychnine and capsicum, and gave phytolacca, Phytoline (Walker) in the dose of gtt. x. six times a day, before and after In three week's time there was a notable improveeach meal. ment in every respect. Weight has decreased five pounds, heartbeat fuller and more regular, præcordial distress and difficult breathing ceased altogether, digestion improved, appetite likewise. Patient was on the road to recovery when persistent exposure to extreme cold, brought on pneumonia, from which he died after five days' illness.

In these two cases there was no advice given as to diet except the withdrawal of alcoholics in the last case. It also being remembered that alcoholics antagonize the action of phytolacca.

CASE 3.—Mr. N. æt. 54, weight 240 pounds, height 4 feet 10 inches, complained of eczema of the legs and left side. Inspection showed in the left hypochondrium a large circumscribed ulceration about 2 inches in diameter, surrounded by inflamed vesicular area; the legs showed similar ulceration in the skin. Patient perspired freely, almost to a point of hyperidrosis. During cold weather patient was not troubled except from difficult locomotion and occasional attacks of rheumatism. Examination of urine showed no sugar. Appetite fair, drank considerable beer, bowels regular. Astringent salves and lotions cured temporarily.

Diagnosed eczema, due to maceration. Placed patient on phytolacca, Phytoline (Walker's) gtt. x-xv. before and after each meal. In two weeks patient lost 10 pounds, had somewhat less appetite, less perspiration, sores took on a healthier condition and after continuing the treatment about two months and a half, patient felt as well as ever, and tipped the beam at 200. Since then the patient has gained but little if any, perspires normally, and has no return of his eczema and no recurrence of rheumatism. How long this condition will last, time alone can tell.

This last case was one especially calling for some fat-reducing agent, and the checking of perspiration. In this case bread and potatoes were prohibited, likewise other forms of starchy foods; beer was reduced in quantity two-thirds. These measures materially increased the fat-reducing properties of the Phytoline.

The next question is, how does Phytoline cause the reduction of fat? This I am at present unable to say. I have, however, noticed that the fæces seemed to be considerably more rich in fatty materials than is normal, which condition cannot be attributed to indigestion, as in all other respects digestion was normal. Perspiration and urine were apparently unchanged by the action of the drug.

Officinal preparations of the root have been used with little or no result, except to cause continued nausea, vomiting and diarrhoea. Phytoline does not cause nausea in the ordinary dose, and though slight laxative effects have been observed from it, I have never seen a pronounced case of diarrhoea. The appetite is sometimes slightly diminished, chiefly in the morning. It seems to me to be specially indicated in all diseases characterized by fatty degeneration of internal viscera, especially of the heart and liver. Those who choose to use it for its cosmetic effects in reducing fat, will also find in it a serviceable adjunct to properly restricted diet and exercise.

The Cartwright Prize of \$400 has been awarded to Dr. W. A. Holden, of New York, for a thesis upon "Embryology of the Eye."

The Prevention of Cutaneous Parasitic Diseases in Soldiers.\* By A. H. Ohmann-Dumesnil, St. Louis, First Lieut. and Asst. Surgeon, N. G. Mo.

Military surgery has for its primal object, not alone the proper care and treatment of sick and wounded soldiers, but the prevention as well of those conditions which will or may contribute to their greater or less inefficiency. Any cause which tends to disable, in ever so small a manner, a soldier, so far as his physical condition is concerned, is a matter deserving of more than passing attention at the hands of the military surgeon. In no condition nor under any circumstance is the full truth of the old saying that "an ounce of prevention is worth a pound of cure" more thoroughly applicable. The efficiency of the soldier is in direct ratio to his health, and vice versa; and every condition which interferes with this ideal state is one which renders him less useful, and consequently less effective. Not only this, but if he be disabled, through any means, he is not only useless as a destroying factor, but he becomes an additional burden and source of expense, and, from a purely utilitarian point of view, is inferior to one who has succumbed in battle. This is probably the reason why modern warfare has had for an object, not so much the killing of soldiers as disabling them, in the hope that the additional burden of caring for the wounded would more effectually cripple the enemy than an actual loss of life in its ranks

The subject I have chosen is not one generally taken into consideration in view of the graver forms of conditions which are met with by surgeons. The major surgical operations, the extensive traumatic lesions observed in warfare and the ravages of camp epidemics of a grave nature, appear so important as to cause the consideration of cutaneous parasitic affections to dwindle into insignificance, almost. Yet this is a mistaken idea, and one which should receive more attention, because a certain amount of importance attaches to these diseases, and, in a military sense, it is much greater than in civil life. My hearers are no doubt aware that, up to comparatively late years, favus was considered sufficient to exempt any one from military service in Italy, so much importance was there attached to this parasitic

<sup>\*</sup>Read before the Association of Military Surgeons of the U. S., at Chicago, August 10th, 1893.

cutaneous trouble and its baneful results. But this state of affairs did not continue, and the striking off of the disease from the list exempting conscripts caused a rapid diminution in the number of cases observed by examining surgeons. The fact remains, however, that the trouble was looked upon as more than ordinarily serious for quite a number of years.

The best soldier is he who is always ready for active service and who is not a burden upon the country. Everything which detracts from his ease and comfort is to be regarded as crippling his capacity to the extent to which he is inconvenienced. It is not only the physical want of ease which is observed under these conditions, but a want of moral tone supervenes upon being infested with parasitic skin diseases. Furthermore, the soldier becomes a focus of infection, and is very apt to be looked upon with distrust and disfavor by his companions in arms, or be even avoided by them or subjected to petty annoyances of such a character as will either make him still more careless or lead him to actual desertion. A little care and attention would obviate all this.

To be more explicit. It is well known that all parasitic diseases of the skin are attended with itching of a more or less marked character, but always extremely annoying. This pruritus has one very bad effect, in that it robs the soldier of needed rest. Sleep can never be satisfactory under such conditions, and instead of having a bright, alert man at reveille we are presented with a sleepy, worn-out, listless individual, who has a demoralizing effect upon the others. He may be punished for this, and will secretly resent it as a wrong done him; or, the matter may be left unpunished and an incentive furnished to others to be neglectful of their duties. Besides the loss of rest, the efforts at scratching indulged in by the afflicted soldier will lead to more or less serious excoriations, and these in turn will induce neglect of the person, and, in a very short time, a filthy condition of the body and clothing of the soldier will be the inevitable result.

This is no exaggerated picture, as the testimony of those who were active participants in our civil war will show. The excoriations mentioned above, especially when accompanied by want of personal cleanliness, will easily lead to graver troubles in many. They form the ready avenues of infection, and render those afflicted with them much more susceptible to systemic disturb-

ances by reason of the exposed cutaneous tissues, which readily absorb any infectious material which may be floating about, as well as any sudden change in climatic conditions. I do not desire to enlarge upon the importance of preventing such a condition as the parasitic invasion of the skin in soldiers, for a little reflection on the subject will readily show the many points having a direct bearing upon the welfare, and consequently efficiency of the soldier. Nor will I touch upon the treatment of such cases, the prophylaxis being really the important point at issue, and this being attained, there will be but few cases that will ever need the application of curative measures.

To begin with, the recruit should take a full bath, and after this a careful inspection of his body made. His hair should be cropped close, and always kept so. His clothing should be changed as often as is compatible with circumstances, and should not only be washed, but subsequently subjected to dry heat, so as to thoroughly sterilize it. Such an operation can be easily carried out, and will insure thorough cleanliness. should be taken at least once a week, and upon each occasion the surgeon should inspect the soldier before he is permitted to assume his clean clothing. After the bath, a light sponging of the entire body, scalp and face should be made with some antiseptic. A very good fluid, which is efficient and painless, is one composed of sixteen parts of water to one part of deodorized chloro-Under no excuse should soldiers be permitted to escape the bath, disinfection and subsequent inspection. can be very easily accomplished in barracks and entails but little inconvenience in camp. One sheet-iron box will be sufficient to heat the clothing of a regiment, and can be made to fold up so as to make it easily portable. An added advantage to the system is that infected cases can be treated immediately and segregated, thus removing to a distance a focus of infection. Another advantage lies in the fact that other cutaneous troubles are thus easily discovered, and venereal diseases may be found in their incipiency, thus affording material aid in lessening the length of the periods of treatment.

An observance of some such method would practically free a body of soldiers of filth, vermin and parasitic disorders, and at the same time contribute to making them more alert, attentive to their duties, more efficient and cheerful, and correspondingly better disciplined and better satisfied.

THE PHYSIOLOGY OF CONCEPTION. By Dr. A. D. BARR, Calamine, Ark.

That the union of the spermatozoa with the female element is necessary for conception is settled beyond controversy; but concerning the manner of their union nothing has heretofore been known. Without entering into a discussion of the generally accepted theories of conception, I will proceed to give what I believe to be the true explanation of it. The spermatozoa do not enter the ovum at all. The ovum is the center that collects the cells that are to compose the embryo.

The true embryonic cells are secreted by the uterine glands, and like all other cells are composed of protoplasm, and are found by microscopical examination in the secretion of the uterine glands of all animals, and in the egg of the fowl.

When sexual intercourse takes place the uterine glands are stimulated, and pour out their secretion in considerable quantity, and thus prepare for the reception of the fertilizing agent.

The spermatozoa immediately after entering the uterine cavity begin to enter the cells that are secreted by the uterine After the spermatozoa enter the cells the cells begin to divide, and within twenty-four hours they are greatly divided. The cells formed by the division of the original one are much smaller — about the size of white blood-cells. The spermatozoon, being a living agent, penetrates the cell wall; the head and body soon become absorbed by the cell; the tail is absorbed by the cell wall. Thus the spermatozoon disappears, and its life or motion is changed into the molecular motion of the cell. an ovum is present in the uterus when the embryonic cells are impregnated, or reach it before they perish, the cells now being endowed with life principle, or rather the kinetic energy of the spermatazoon is converted into the potential energy of the cells, and the ovum acts as the centre around which they are organized into a living being; and the life of the new being is the potential energy of the cells again converted into kinetic, or the re-manifestation of the life of the spermatozoon.

The idea that the body is produced entirely from the ovum is erroneous. The laws governing the organization of the embryo are analogous to those governing the solar system: the ovum corresponds to the centripetal force, and the embryonic cells to the

The result of these two opposing forces on living cells are: the centrifugal force of the cell tends to unlimited division to such a degree as to produce complete destruction of the cell, and the centripetal force of the ovum tends to draw the cells all to itself and thus prevent division; thus the two forces balance each other very nearly. It is the variation of these two forces that results in the differentiation of the cells that compose the different organs of the body. Of course each individual cell possesses centripetal force; but when the spermatozoon enters the cell and its life is converted into motion the centripetal force of the cell is completely overcome, and if no other force were present the cell, as before said, would be destroyed by its own force. The blood cells are formed from these same impregnated and The blood cells are formed in the cells, or rather divided cells. the cell is changed into the blood corpuscle. Under the microscope the cell can be seen in different stages of transformation into red blood corpuscles, and are readily distinguishable by their change of color and later by change of shape. think the entire cell is converted into the red blood corpuscle, but is formed from the nucleus of the cell; and during its formation the part that is not necessary for its production is dissolved, and perhaps serves some unknown use. In support of the view I have advanced, I will give my own observation, supported by physiological facts already known.

The uterine glands, as before stated, secrete a perfect cell; and if this uterine secretion be examined microscopically a short time after sexual intercourse, the spermatozoa will be seen in great abundance mingled promiscuously among the cells. If the same fluid be examined again after remaining six hours in the uterus, the number of spermatozoa will be greatly lessened, and the older cell will be seen to be undergoing typical cell division. If intercourse takes place and there is very scant secretion from the uterus, the seminal fluid remains in the uterus unchanged, and on microscopical examination it will be seen that the spermatozoa still retain their vitality; of course there will be found a few embryonic cells which have been entered by spermatozoa and are or have undergone division.

Under such circumstances the cells are gradually produced, and are entered by the spermatozoa as soon as secreted. If the uterine secretion is present in a normal amount when intercourse occurs, and some of the contents of the uterus, after a period of twenty-four hours, be placed under the microscope, scarcely a spermatozoon will be seen. If some of the contents be taken after remaining in the uterus a short time after intercourse the spermatazoa can be seen entering the cells, and some will be seen after they have entered and will be recognized by the motion in the center of the cell.

The same phenomenon occurs in the neuroblastic ovum as in the ova of the vertebrate, with this difference: in the former the true ovum is surrounded by the true embryonic cell before impregnation takes place; while in the latter the embryonic cells are gathered together by the ovum after they are impregnated. That the blastodermic membrane is formed from cells that surround the ovum, and not from cells formed from a division of the ovum after impregnation, I have demonstrated by isolating the hen from the male, and I have always found the ovum surrounded by the embryonic cells when unimpregnated, the same as when pregnant; thus showing that pregnancy does not cause the almost unlimited division of a cell all from the entrance of a single spermatozoon. This is manifestly the reason why there is such a great number of spermatozoa. The reason that pregnancy scarcely ever occurs just before or immediately after menstruation is because in the latter part of the menstrual month those glands are inactive on account of degeneracy, and immediately after menstruation they are not properly formed, and in either case do not secrete the embryonic cells.

The ideas set forth in this paper are the result of a careful study of the subject extending over a period of eighteen months. The observations were made on the mare, sow, cat and hen. I have also found that the uterine glands of the human female secrete the same cells. I therefore conclude that the embryonic cells are not formed by the division of a pregnant ovum, but are formed separate from the ovum. Each embryonic cell is impregnated by a separate spermatozoon. The ovum is the center that gathers the pregnant embryonic cells together. One spermatazoon is not sufficient to cause pregnancy, but as many as of the embryonic cells are required.

The life of the spermatozoa is transformed into the life or motion of the cells, and is again manifested in the life of the new being.

## Editorial Department.

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# The Earlier Editors of the St. Couis Medical and Surgical Journal.

X-XI.-DR. FRANK A. WHITE-DR. WM. S. EDGAR.

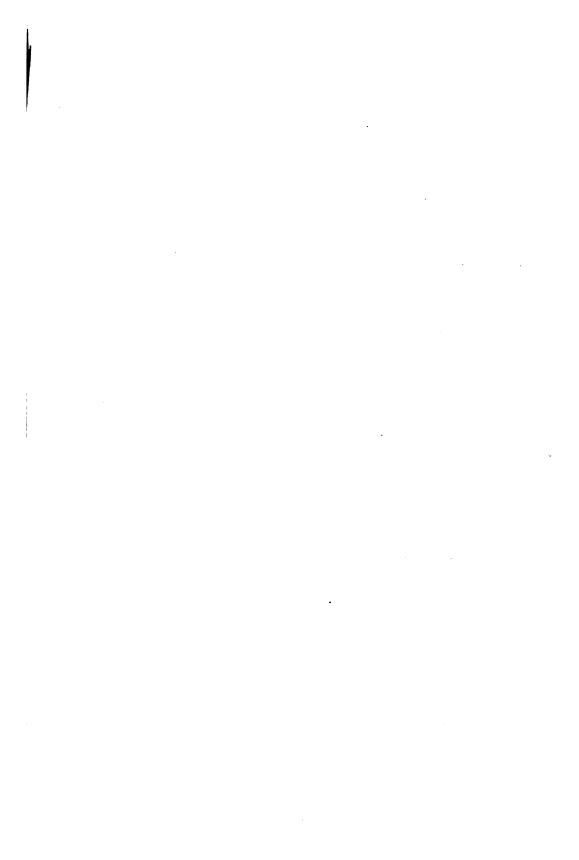
We have received from Dr. Wm. H. Cook, of Coffeen, Ills., the following additional information concerning Dr. Frank A White:

referring to the Year-book of De Pauw University, Green-castle, Ind., for 1887, I find that Dr. Frank A. White was graduated (as B. A.) from that institution with the class of 1854. He subsequently graduated as doctor of medicine. While the editors of the Year-book try to keep trace of all graduates of the institution, their professions and callings in life, this bare item is all that we find concerning Dr. White. I learned from himself, however (or from some one of his intimates, I am not exactly sure which), that this degree of M. D. was taken at the Chicago Medical College. This will probably put you on the track of the desired information. I have photographs of all of



Prof. Frank W White, M. D.

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Dr. WILLIAM S EDGAR.

the Professors of the St. Louis Medical College, when I was a student there, and that of Dr. White is at your service."

We have written for the photograph of Dr. White, and present it in this issue.

### DR. WM. S. EDGAR,

Concerning Dr. Edgar, we find the following brief sketch in the St. Louis Medical and Surgical Journal for Nov., 1878.

- "Dr. Edgar was born in Philadelphia in 1816. His parents were of Scotch descent and belonged to the Society of Friends. His family removed to St. Clair County, Ill., in 1833, and the subject of this notice was sent to Marion College, where he remained for two years. His health failing, he went home and engaged in teaching, and at the same time commenced studying medicine in the office of Drs. White and Tiffin, of St. Louis. 1842 he was graduated as doctor of medicine in the medical department of Kemper College (now Missouri Medical College), and after practicing for several years in Collinsville, Ills., he removed to St. Louis. In 1853 he went to Jacksonville, Ills., engaged in practice there, and there remained until the breaking out of the He enlisted and was commissioned Surgeon of the 32d He served throughout the war with this reg-Illinois Regiment. iment, and at the close of hostilities returned to Jacksonville.
- "His health had, however, been impaired by the hardships which he had undergone, and was unequal to the exigencies of country practice, so in 1869 he returned to St. Louis and here resumed practice. In 1872 he became editor of The St. Louis Medical and Surgical Journal, and in the following year was elected Vice-President, and afterwards President of the Association of Medical Editors of the United States.
- "The central idea in Dr. Edgar's mind seemed to be the elevation of his chosen profession. When friends remonstrated with him for making exertions beyond his strength, his reply was, 'If I can do anything to aid the progress of medicine, I shall feel well repaid.' His labors in this direction were unselfish, and oftentimes at the expense of great suffering—for the individual withers and the world is more and more benefitted through such efforts. When we consider the physical burthen that he carried we wonder that he accomplished so much. He died suddenly and 'with the harness on,' as he had often wished. It will be long before the

recollections of the kind old gentleman and the faithful physician shall have passed away."

Dr. Edgar died, as is stated above, suddenly, on the morning of September 16, 1878, at the residence of his son, Dr. Charles Edgar, Paris, Ill. His health had been failing for some time, and he had suffered from a heart lesion for several years. His funeral took place two days later from the Church of the Messiah.

At a meeting of the St. Louis Medical Society held September 17, 1878, Drs. Thomas F. Rumbold, William Porter, and John T. Hodgen were appointed a Committee on Resolutions of Respect and reported the following:

- "In presenting resolutions touching the death of Dr. William S. Edgar your committee is conscious that no formal eulogy can express the full sense of the Society. More eloquent than words is the presence of those who knew his worth here, in the place where we have so often met him. His life was an open book, in which was catalogued a long array of virtues and characteristics that made him respected and loved. The pleasant, affable gentleman will meet us no more; the kind physician has closed his office, but his works follow him. We respectfully offer that
- "WHEREAS, One who has long been our friend and earnest fellowworker has thus suddenly ended a career of usefulness, and full of fruition; and
- "WHEREAS, We, who have known him both as man and physician, can testify to his sterling qualities as evidenced by a spotless reputation; therefore be it
- "Resolved, That in the death of Dr. Edgar we mourn the loss of a good and true man, well endowed by nature and eminently fitted by educational attainments for the honorable discharge of the duties of life.
- "Resolved, That his unwavering devotion to his cherished calling, and his efforts in the cause of progressive medicine, even when laboring under a heavy physical burthen, be remembered by us as an incentive to renewed diligence in the profession which he adorned.
- "Resolved, That we extend our sympathy to the members of his family; that we tender to them a copy of the records of this meeting, and that the same be inscribed on a memorial page in our Book of Archives."

And so ends the honorable and all too brief record of the life and labors of a man who, according to the concurrent testimony of all who knew him, was an ornament to his profession and an honor to his memory. This little sketch, and the difficulty with which we have secured the information contained in it, illustrate with silent eloquence how fleeting is the memory of men who, in their day, occupied the attention and commanded the respect of the communities in which they lived and labored. The pathetic cry of poor old "Rip" lingers in our ears: "Are we so soon forgotten when we are dead?"

At the inquest held upon the body of Dr. Edgar it was found that he had an open Eustachian valve—one of the few cases of this malformation on record.

#### SUBSTITUTION.

We have, on several previous occasions, referred to the degree of turpitude which characterizes some druggists, and the seeming lack of honesty which pervades some of their actions. The worst phase of this moral obliquity is, without doubt, that of substitution. Despite the best efforts exerted by the medical profession and the better class of druggists to suppress this crying evil, it seems that all the pains taken have not been as fruitful of good results as we would expect. The "something equally as good" scheme is being so constantly tried on ordinary customers that the unscrupulous druggist takes it upon himself to do the same thing with the prescriptions of the physician, unknown to the latter.

We have recently received the following copy of a letter which explains itself:

LEBANON, Pa., August 30th, 1893.

Messrs. Wm. R. Warner & Co., Philadelphia, Pa.

Gentlemen: Some time ago 1 ordered ingluvin through another house, knowing that your goods are widely distributed throughout the country, and apprehending no difficulty in procuring the genuine preparation. When your representative called upon me I informed him that I had been disappointed in securing the very satisfactory therapeutic results previously obtained in the administration of this remedy; and when I stated that I had been supplied with a preparation in bulk, was told it was put up only in 1 oz. bottles and not in bulk, and that a substitution had been practiced upon me. This fully explained why I had

. .

failed to get the results anticipated and such as I had always succeeded in obtaining. Thus it seems you are much interested, because my patient was not relieved, my anticipations not realized, and during the interim I discontinued to prescribe ingluvin.

This condition of affairs is likely to become prevalent, unless checked, and it is calling it an easy name to say that it is a crime against the doctor, patient and the manufacturer.

Substitutions of medicines should be suppressed, and doctors should be observant and careful to specify, so as to insure the dispensing of the genuine article.

(Signed) G. L. Weiss, M. D.

We could scarcely add to the opinion so tersely expressed by the writer of the above. The communication is one which is expressive of the great majority of the profession; and we may add, parenthetically, that it is not only ingluvin which has thus been replaced by other and inferior articles, but campho-phenique, bromidia, cactina, and a host of other tried and valued remedies, such as antikamnia, ponca compound, listerine, Peacock's bromides and all the others in which we have reposed so much faith. But one remedy can be applied to this crying evil. Let legislators enact laws to cover the trouble. Make it a felony to indulge in substitution and prosecute cases to the bitter end. No other means will ever prove adequate.

The Mississippi Valley Medical Association at its annual meeting at Indianapolis last month, elected the following officers for the ensuing year: President, Xenophon Scott, Cleveland, Ohio; First Vice-President, Leon Straus, St. Louis; Second Vice-President, G. Frank Lydston, Chicago; Secretary, Frederick C. Woodburn, Indianapolis; Treasurer, George J. Cook, Indianapolis. The Association endorsed the action of the American Medical Association in asking that a government department of health be established. President Scott was authorized to appoint a committee to co-operate with the National Society in supporting the proposed legislative measures to this effect. The meeting was well attended and profitable.

## Dermatology and Genito-Urinary Diseases.

Treatment of Acute Orchitis.—M. Thiersy has treated for a long time acute orchitis by pulverisations of a solution of phenic acid on the inflamed organ. He considers it superior to emollient applications, and not only is it free from all danger, but it materially abridges the duration of the treatment.

The apparatus is a steam spray to be placed on a chair close to the patient. The solution should not exceed one in fifty, or two per cent., and the duration should not last more than one quarter of an hour twice a day, otherwise the skin would exfoliate. In three or four days all pain has subsided and the patient can leave his bed provided that he wears a suspensory bandage.

Thyroid Therapy for Psoriasis.—Struck by the remarkable improvement observed in the condition of the skin in cases of myxædema treated by the administration of thyroid extract, Dr. Byron Bramwell, of Edinburgh, was led to try the same agent in the treatment of some chronic and obstinate cases of psoriasis, with results that were at once surprising and gratifying, as detailed at the recent meeting of the British Medical Association (Med. News). A preparation of thyroid glands was the only medicament given, so that the possibility of doubt was practically eliminated. In some cases the subjective improvement was immediate, and was soon followed by objective evidence of im-The inflammatory redness of the diseased areas diminished, and there was considerable desquamation. One patient was made worse; in two the treatment was followed by no benefit; and in one case a slight relapse took place. The question at once suggests itself, that if this method of treatment prove ultimately successful in psoriasis, why should it not be applicable to other diseases of the skin as well?

According to the article published by Dr. Bramwell, in the British Journal of Dermatology, the preparation used was tabloids of the thyroid extract, one tabloid daily. As a matter of fact, the author also reports success of a partial nature by the use of this preparation in other cutaneous diseases besides psoriasis.

The Bicycle as a Cause of Prostatitis.—Dr. J. W. Irwin reported to the Louisville Clinical Society that within the last eighteen months five cases of prostatitis had come to his notice which could be traced directly to the pressure on the prostate gland by the saddle of the bicycle (*Med. Age*). Four of the subjects had passed the middle life, and one was in his teens.

In all, the phenomena presented were very similar in character. After riding the bicycle for a few hours, during the act of micturition a feeling as though the vesical end of the urethra was raw was experienced; then a full feeling behind the scrotum came on, which was unattended by pain. Inordinate and persistent erections of the penis, arising at short intervals and lasting three or four days, was the most unpleasant feature observed. The urethra during the act of micturition felt raw and tender under pressure; weight and some dull pain was felt in the testicles. There was no discharge from the penis at first, and after two or three days a little moisture was observed oozing from the meatus; this discharge seemed to be very thin and colorless. The desire to void urine more frequently than normal was present while the trouble lasted.

The treatment advised was saline laxatives, and the free use of water internally; for the relief of troublesome erections, camphor monobromide in large doses. This, together with the removal of the cause, gave relief in from five to seven days.

## A Depilatory.—Battle publishes the following:

	-	O
R	Iodi pur	gr. xij.
	Olei terebinthinie	
	Olei ricini	
	Alcohol	
	Collodii	0.

Sig. M. Apply with a brush once daily for three or four days successively.

Upon the removal of the layer of collodion the hairs will be found also to come away.

The Diagnostic Significance of the Gonococcus.—Neisser (Deutsche medicin. Wochenschrift) contends that there can be no doubt that the gonococcus is the cause of gonorrhea. The diagnosis of gonorrhea, in the male or in the female, can in many cases be made from the symptoms alone; but in a large number, particularly in cases of chronic course and attended with mild

subjective and objective manifestations, the diagnosis will depend upon a demonstration of the presence of gonococci. amination for gonococci is indispensable to cases in which a question arises as to the infectiousness of the discharge. therapeutic procedures to be adopted will depend upon the presence or absence of gonococci, the examination of the organisms is to be made not only before, but also during the whole course of treatment. In most cases a microscopic examination will suffice; on account of the imperfection of cultural methods, these will be employed only in exceptional instances. If gonococci be · found there can be no doubt of the diagnosis. Observations that yield negative results are not to be accepted as conclusive (Med. News), as gonococci may be concealed in lacunæ or invaginations of the mucous membrane, or may be present in numbers so small as to escape detection. In such a case repeated examination, as well as cultural observations, will be necessary. The clinical manifestations will have to be studied in connection with the microscopic findings. If gonorrhea be found in a married person, both husband and wife should be placed under observation, and if necessary both should be subjected to treatment.

Sterilized Milk. - Two Holland inventors have devised a method for sterilizing milk by the aid of the electric current. There have been brought forward recently many proposals to sterilize water in this way; but milk has proved a much more difficult fluid, because of the large amount of pabulum for microorganisms which it contains. The milk to be sterilized is submitted to the action of a strong alternating current, which is applied to the milk in the ordinary dairy utensils. The process may, however, be worked continuously by passing the milk at a suitable rate through a narrow trough fitted with a series of metallic plates connected with the poles of the source of elec-It is claimed that by this method all microbes that may be present in the milk, whether derived from the air, the cans, or diseased cows, are destroyed, and that the risk of transmitting infectious maladies through this medium is obviated.

# Excerpts from Russian and Polish Citerature.

On the Disinfection of Cholera Dejecta by Boiling Water.—In the *Vratch*, No. 33, 1893, p. 911, Dr. Gheorghy, M. Vlaieff, of Professor F. 1. Pasternatzky's clinic, in St. Petersburg, contributes a highly instructive paper in which he points out that:

- 1. According to his own observations and those published by R. Koch, S. Kitasato, Foster, C. Fraenkel, J. F. Raptchevsky, Zäslein, and others, the Asiatic cholera vibrio quickly perishes as soon as the temperature of the medium rises above 50° C. Thus, when exposed to the temperature of about 60° C., the microbes lose their vitality in from thirty to ten minutes; while at 70° C. they are killed in even less than ten minutes.
- 2. When one volume of water, or broth, or a 10 per cent nutrient jelly (or, in fact, any fluid) of the ordinary room temperature (about 21° C.) has been mixed with 10 or 12 volumes of seething water, the resulting mixture proves to have the temperature of about 85° C., while by the end of an hour or so the thermometer readings are still found to oscillate about 55° C.
- 3. When a broth or gelatine culture of cholera bacilli is mixed with boiling water in the identical (1 to 10) proportion, every one and all of the microbes present are destroyed in an hour or thereabout (as has been proved by the inoculation experiments on lower animals and human beings).
- 4. Exactly the same is invariably observed when a cholera patient's stools are treated with seething water.
- 5. In consideration of these facts, boiling water can be safely recommended as the best (surest, simplest and cheapest) means for disinfecting cholera dejecta. The latter should be simply poured over with boiling water (8 to 12 volumes to cach volume of the stools) and thoroughly mixed, after which the vessel should be carefully covered and left alone until cooled down.
- 6. Cholera patients' linen can be best disinfected by keeping it in boiling water for from ten to twenty minutes. The method is far superior to the usually recommended keeping of the linen in a 1 to 1000 solution of corrosive sublimate. On the whole the sublimate is far from being a reliable agent for sterilizing

anything contaminated with Koch's vibrio. [As Dr. Vlaieff's experiments have shown, a mixture of cholera stools with a 1 to 1000 solution of the drug in equal parts proves to still contain living and virulent bacteria, even after a twenty-four hours contact. The author's statements on that head fully harmonize with those made by Dr. Borkhoff, in the *Bolnitchnaia Gazeta Botkina*, No. 4, 1893.]

Copaiba Balsam as a Diuretic.—In the Gazeta Lekarska, No. 29, 1893, p. 732, Dr. Szczesny Bronowski, of Professor L. I. Tumas's clinic, in Warsaw, emphatically recommends copaiba balsam as a diuretic remedy whose beneficial effects prove to be most pronounced in cases of cirrhosis of the liver. The old-fashioned drug should be given in the daily dose of  $1\frac{1}{2}$  drachms, the best form being that of emulsion. The writer invariably prescribes it after the following formula:

- M. D. S. To take a spoonful every two hours.

The peppermint tincture is introduced into the compound as the best means for correcting its rather unpleasant taste. such cases where the balsam is apt to give rise to a more or less marked gastro-intestinal irritation with diarrhea and abdominal pain, it is advisable to add one drachm of opium tincture (tinctura opii simplex, Ph. Rossicæ, containing 1 part of opium to 10) to the formula. The author's experience, however, shows that such accessory effects occur but rarely, while a renal irritation is always absent altogether. The daily quantity of urine rises very quickly and attains its maximum level in three or four days from the beginning of the administration, the increased diuresis being accompanied by a steady subsidence of ædema, decrease in the abdominal enlargement, amelioration of the patient's general condition, etc.

[Of late, the diuretic properties of copaiba balsam were also eulogized by Professor Ivan N. Obolensky, of Kharkov (see the Provincial Medical Journal, October, 1890, p. 623), and Drs. I. I. Gheorghievsky, of Kiev (ibid., September, 1891, p. 564, and May, 1892, p. 273), and Svetükhin, of Kharkov (Kharkov Inaugural Dissertation, 1892). As far as we know, Drs. A. A. Kisel, of Moscow (Provincial Medical Journal, May, 1892, p.

273) is the only Russian practitioner who has formed an unfavorable opinion concerning the diuretic properties of the balsam. It must be stated, however, that he experimented upon healthy children alone, and that milk-sugar and Knoll's diuretin proved similarly unreliable in his hands.—Reporter.]

Sub-Benzoate of Bismuth in Soft Chancres.—Dr. Nikolai A. Mikhailoff, house physician to Professor V. M. Tarnovsky's clinic in St. Petersburg (St. Petersburg Inaugural Dissertation, Series 1892-1893, No. 1, p. 31), has found that sub-benzoate of bismuth (bismuthum sub-benzoicum) affords a good substitute for iodoform in the treatment of soft chancres.

Sunflower in Malarial Fevers.—At a recent meeting of the Simbirsk Medical Society, Dr. Petr F. Filatoff (Meditzinskoië Obozrenië, No. 15, 1893, p. 178) read a paper on the treatment of malarial fevers by the internal administration of the sunflower (Helianthus annuus L.; Russ. Podsolnetchnik), which Russian popular method had been first introduced into scientific medicine by the author himself in 1879. His subsequent experience fully justifies him to once more warmly recommend a most extensive use of this very cheap and harmless anti-malarial remedy. As he has found, the best preparation is afforded by a tincture, made of one part of dried sunflower stems and eight parts of the ordinary vodka (aquavit.), which ingredients should be simply put into a bottle and left alone in some sunny spot for a An adult should be given a tablespoonful of the tincture three times a day.

[Since 1879 the sunflower treatment of malaria has been successfully tried by Kazatchek (vide the Saint Louis Medical and Surgical Journal, September, 1889, p. 179), Zübovitch (ibid., November, 1890, p. 300), Maminoff (Provincial Medical Journal, February, 1890, p. 114), N. Filatoff (London Medical Recorder, August, 1890, p. 298), and many other Russian physicians. Recently, however, Professor A. N. Kazem-Bek-Mirza, of Kazan (Provincial Medical Journal, September, 1893, p. 490), published some obstinate cases of intermittent fever in which the sunflower failed in common with quinine, arsenic, eucalyptus and other anti-malarial means, the patient being ultimately cured by the internal administration of methylene blue.

—A couple of years ago, a Mr. L. A. Tchitchagoff, of Kïev

(*ibid.*, January, 1892, p. 42), published a note in which he drew attention to the sunflower as a "specific" remedy for influenza, the gentleman's statements being based on "several thousands of experiments" in his own practice.—Reporter.]

Salicylate of Sodium in Pleurisy.—Dr. Iakov M. Eiger, house physician to Professor L. V. Popoff's clinic in St. Petersburg (St. Petersburg Inaugural Dissertation, Series 1892-1893, No. 59, p. 86), confirms Dr. Friedler's observations (Muenchener Medizinische Wochenschrift, No. 47, 1891) concerning the treatment of acute pleurisy by full doses of salicylate of sodium. The internal administration of the drug in one gramme doses, repeated five or six times a day, promotes a quick absorption, even in cases of large-sized pleural effusions.

Berne, Switzerland.

VALERIUS IDELSON, M. D.

The District Medical Society of Central Illinois will convene in the Ladies' Parlor, St. James Hotel, Pana, Ill., Tuesday, Oct. 31, 1893. From one till two o'clock P. M. will be devoted to the examination of patients.

The following papers will be read: "Tubercular Meningitis," J. J. Conner, M.D., Pana; Discussion, Amos Sawyer, M.D., Hillsboro, G. W. Fringer, M.D., Pana. "Tumors of the Kidney with Specimens," John A. Prince, M.D., Springfield; Discussion, T. J. Whitten, M.D., Nokomis, W. J. Chenowith, M.D., De-"Diphtheria," W. H. Sparling, M.D., Moweaqua; Discussion, E. M. Alverson, M.D., Stonington, H. A. Stearns, M. D., Taylorville. "Consideration Regarding Heterophoria," A. E, Prince, M.D., Springfield; Discussion, E. E. Hagler, M.D., Springfield, Wm. R. Fringer, M.D., Rockford. "A Case of Acromegaly," Geo. N. Kreider, M.D., Springfield; Discussion, Frank P. Norbury, M.D., Jacksonville, J. Huber, M.D., Pana. Pharyngeal Catarrh and its Effects upon the General Health," J. H. Miller, M.D. Pana; Discussion, W. G. Wilson, M.D., Shelbyville, W. H. Cook, M. D., Coffeen, Ill.

W. J. Eddy, M. D., President,

J. N. Nelms, M.D., Secretary, Shelbyville, Ill.

Taylorville, Ill.

# Medical Progress.

## THERAPEUTICS.

Losophan.—In a review of the remedies introduced into the materia medica during the year 1892, Dr. I. Boas speaks as follows of losophan: Losophan (prepared by the Farbenrabriken, formerly Fr. Bayer & Co.) is to be regarded as triodocresol. results from the action of iodine upon in-oxytoluylacid in the presence of an accurately measured quantity of alkali. reaction the carboxylgroup is displaced and changed to carbonic acid. Losophan appears in the form of white needles with a melting point of 121.5°. It is soluble with difficulty in alcohol, but readily in ether, benzol and chloroform. At a temperature of 60° C. it is readily taken up by the fixed oils. While readily soluble in dilute soda lye, losophan is changed by concentrated lye into a greenish black amorphous body, which is insoluble in Losophan undergoes perfect combustion with liberation of fumes of iodine. It contains in round numbers 80 per cent. E. Saalfield was the first to employ the remedy in a large number of cases of cutaneous disease, and to a certain extent observed very good results. It was used as an alcoholic solution (1 part to 70 parts of alcohol and 25 parts of water) as a salve, (1 to 30) as a one to two per cent. ointment with yellow vaseline, or lanolin to which 20 per cent. vaseline had been added, further in form of a losophan traumatic in solution, and finally in form of a one per cent. dusting powder. formulates the results of his experience as follows: Losophan exerts a favorable influence in the most frequent dermatomycoses, such as herpes tonsurans and pityriasis versicolor, and in affections due to epizoa, in a series of cases of which it afforded a Losophan has also proved effective in the treatment of prurigo, of a few cases of chronic infiltrated eczema, sycosis vulgaris, acne vulgaris and rosacea. In several cases of idiopathic pruritus of the skin it exerted a favorable although less marked effect. In urticaria it proved of only slight value as a means of relieving itching, and of no value in psoriasis vulgaris and primary syphilitic affections.

The action of losophan of diminishing secretions when used in form of a dusting powder is not marked, and inferior to the other remedies employed for this purpose. Losophan is contraindicated in all acute inflammatory affections of the skin in which, even when in weak concentration, it readily produces irritation.

A Family Laxative.—Physicians are not inclined to recommend self-medication to the laity (Nat. Med. Rev.). Yet there is one need which they are almost unable to supply. We refer to "the family laxative." The family physician is able to prescribe for the most complicated and obscure of maladies and yet is often puzzled to know just what to give when asked for a remedy which can be kept in the house for family use as a laxative, that shall be effective, free from danger, and not unpleasant to take. When absent on our summer vacation we were asked by four different parties, representing as many families, what we thought of the "Syrup of Figs." Not one word did we volunteer on the subject, and we were somewhat surprised to find that there was this small token of the very general use of that preparation. These parties said they derived more benefit from it and found it more pleasant to take than anything of the kind they had ever The simple question with them was, is it a dangerous We informed them that its active ingredient was a preparation of senna and that it was entirely free from danger. With this assurance they volunteered the information that they should continue to keep it in the house.

The therapeutical properties of senna are so well known that comment on this seems unnecessary. It might be well to notice, however, that Bartholow says it is "a very safe and serviceable cathartic," and that it is "highly prized as a remedy for constipation." He also makes the important observation that its use "is not followed by intestinal torpor and constipation."

The simple truth of the matter is, we have altogether too few preparations which we can recommend to our families as effective laxatives. But the California Fig Syrup Co. has one of the most desirable combinations for this purpose with which we are familiar. The Fig Syrup Co. gives to the profession the composition of this preparation, therefore there is no secret about it; the persons who use this laxative speak in the highest terms about it; and we are pleased to notice that a large number of physicians are prescribing it.

Exercise in Phthisis.—Dr. Thomas J. Mays expresses his opinion on this subject in no measured terms. In a paper read before the Pennsylvania Medical Society, he said:

The idea of exercising the consumptive for strength is a fallacy of the worst type. It is based on the assumption that because, in health, exercise gives strength, therefore the invalid must derive the same benefit. Nothing can be further from the truth, and to illustrate this I can do no better than to draw another example from the field of finance. It goes without saying, that money makes money. The banker puts his money on interest, or, in other words, he exercises his capital, and by so doing he increases his financial strength; but the poor man has no money to put on interest, and he struggles along from year to year for the purpose of making a decent living. This parallel holds good with the man in health and the consumptive. The former has a sufficient amount of reserve physiological capital which he can expend in physical exercise, and we all know that physiological activity not only brings strength but builds muscular tissuehence by doing this he enhances his normal resources; but the latter has no reserve capital whatever, and is, as has already been said, on the brink of physiological dissolution. hausted state he lives from hand to mouth, for he consumes all the force which he obtains from his food in carrying on the functions which are necessary to a bare existence. Exercise in his case is therefore meaningless in a physiological sense, and can leave no other than a disastrous effect on his already drained and devitalized constitution.

Comparative Influence of Large and Small Doses of Iron.—The comparative effects of large and small doses of iron and the indications for the one or the other are discussed in the Therapeutic Gazette. The experience of the writer in treating twelve cases of anæmia which were as far as possible alike confirmed his belief in the value of small doses. Six of these people received two or three grains of reduced iron three times a day, and the remaining six received one-third of a grain three times daily. The six that received the small doses had far less disorder of digestion than those who received the large doses. They recovered as promptly as those receiving the large doses, if not more so. It is true that in some conditions in which there is

gastro-intestinal disorder associated with the formation of gas arising from fermentation or decomposition, and in which the anæmia is largely due to destruction of the constituents of the blood by the absorption of poisonous materials from the intestine, large doses of iron are absolutely necessary, because in these instances only a small quantity of iron is absorbed, and the greater amount of it forms a sulphide of iron, or other compound, with the contents of the intestine. Where we have, therefore, a destruction of the iron in large amount it may be necessary to give it in full dose; but, unless this is the case one-eighth of a grain of reduced iron will in most cases give better results than three grains. Under these circumstances constipation more rarely occurs, and we also avoid in this way the so-called iron headache.

Beta-Naphthol as an Intestinal Disinfectant.—Naphthol has been recommended by Bouchard as a slightly toxic but efficacious intestinal disinfectant (Am. Ther.), and his recomendation has been supplemented in another direction by the experiments of Reverdin, who subjected this substance to a series of trials as a surgical antiseptic, and his statements are quite encouraging. obtained complete healing by first intention in almost each case treated. In surgical practice naphthol is exhibited either in powder, or in ten to fifteen per cent. wadding, which is prepared by sterilizing cotton at 130° F., and then impregnating it with an ethereal solution of beta-naphthol. It has also been used in the form of beta-naphthol water for the treatment of ozena. method for preparing it is as follows: 125 parts by weight of naphthol; 88 parts of alcohol; a dessert-spoonful of this solution is placed in a quart of water. It is said that the disagreeable sensation caused by the application of this mixture ceases to recur after a few applications.

### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Rumination: A Symptom of Nuerasthenia.—The *Times* and Register publishes the following translation: Dr. Nacke observed the symptoms of rumination on himself. He had no sign of neurasthenia until, about ten years ago, when he was 31 years old, he began to suffer from wakefulness with headache, pale complexion, irritability of the vasomotor system, temporary twitching of the muscles, etc. Early in 1891 the symptoms became especially distressing after a severe iodoform intoxication, followed

by amentia for several days and mental prostration lasting about four months. For a number of years I could observe the rumination after dinner. Generally a short time after the meal, mostly one-quarter or one-half of an hour afterwards, rarely after one to two hours or even later, the food taken was regurgitated with the greatest vehemence, without a sensation of oppression or qualmishness; involuntarily, irrepressibly and without premonitory signs, so as to fill the mouth when the food was ruminated and swallowed again, the process was repeated within not too long a time, up to six times and more, the taste of the food being always unchanged to the last. As a rule this happened and still happens after dinner, rarely in the evening or after breakfast. Fluids were rarely regurgitated alone. These symptoms appeared periodically, the frequency being in proportion to the nervousness, depending also on the quantity and quality of the food. The functions of the stomach were good, perhaps a little slow; constipation absent, no hyperacidity, no dilatation; perhaps temporary paresis of the cardia.

The parallelism with the neurasthenic symptoms bring Dr. N. to the conclusion, that merycism (rumination) is due to excitability of the nerves of the stomach for mechanical irritation by the food, and he thinks that in him and in one of Leva's cases this motor reflex neurosis is a symptom of neurasthenia.

Fatal Hysteria Virilis.—Prof. Leo relates a peculiar case (Med. Press) of laryngeal spasm, which occurred as a symptom of hysteria in an adult. J. H. S., tailor, æt. 21, had complained of headache and giddiness for some time past, with a history of chorea at eleven years of age. Three years ago he had a stroke on the head which left him with contractions of the left arm, leg, and sometimes the face, for several weeks afterwards. appeared, and he appeared to remain well till the present year, when the spasm returned. When received at hospital he had convulsions in the left muscular triangul menti and choreic movements of the tongue, tonic and clonic contractions of the left arm with severe flexion of the fingers and hands. were also clonic contractions of the left upper and lower limb, tonic spasms at the hip, anæsthesia of both left extremities, slight tendon reflex on the face and head, the fundus of the eye With these symptoms hysteria was diagnosed. Subcutaneous injections of hyosciaminum hydrobromatum (0.2-0.4 milligrammes) relieved the spasm. Shortly afterwards the whole phenomena repeated themselves, and morphia injections were Three days later, about 7 P. M., he had a sudden seizure of cramps, dyspnœa, cyanosis, rigidity of the jugulum, thorax and abdomen. After four days had been passed in this state singultus appeared, and despite artificial respiration exitus letalis. The post mortem revealed hyperæmia, as might be expected, in The diaphragm was in contracthe brain and internal organs. tion, no foreign body in the throat, no edema, although both sides of the larynx were fully adducted, so that the vocal cords were so closely apposed that water would not pass along the Death from hysteria is a rare occurrence, but the clinical symptoms and post mortem are so confirmatory that the facts must be conceded.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Transmission of Tuberculosis to Fœtus.—Dr. Keating (Archives of Pediatrics) says:

Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.

A tuberculous mother can transmit the disease to her offspring in utero.

Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.

Bacilli or their spores can be conveyed by means of seminal secretion to women when no apparent tubercular lesion is present in the male generative organs.

Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

Is it not possible for the father to transmit his disease directly to the fœtus, the mother not proving a fertile soil? and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation and become manifest in glandular affections, joint troubles, or even finally in pulmonary disease?

Authorities agree that fully 50 per cent. of phthisis cases show the taint in their family record (Am. Lancet), and though the contagionist would wish us to believe that the susceptibility only is inherited, we feel convinced that the majority of practitioners will agree that tuberculosis, like syphilis, often gets more than its susceptibility from its progenitors.

The Bacteria of the Surface.—At the annual meeting of the Mississippi Valley Medical Society, held at Indianapolis, Ind., Oct. 4th, 1893, Dr. Frank J. Thornbury read a paper under this title in which the latest researches were set forth, the rational mechanical means of disinfection summarized, and the non-utility of antiseptics asserted. The varieties of organisms which the cutaneous and mucous surfaces contain in myriads comprise molds yeast fungi, bacilli, cocci, color and odor producing bac-Inhabitants of every land and every region, in every occupation, have their characteristic germs nesting upon them. The hairy regions, as the axillary space and genitalia and the interdigital folds, are the places of predilection for the bacteria upon Myriads are present in the oral cavity, the entire intestinal tract, the genital tract of the female, the male urethra, and the conjunctival secretion and in the cerumen of the ear. Among the masses are germs which are pathogenic, as the Fehleisen streptococcus of erysipelas. The cleansing of the surface constitutes one of the most important duties of asepsis. This pertains especially to the physician's own hands. infection cannot be accomplished by the use of antiseptics, so called, which do not even reach the bacteria imbedded in the substrata of fat and dirt. The numbers of bacteria remain practically unaltered after the ordinary submersion of the hands in The disinfection must be mechanical, the glandular secretions, dead epidermal cells, vegetable and animal substances being dissolved away. For the latter purpose soap, hot water and brush are used, aided by alcohol and ether and rubbing Baths are an important adjunct to the with sterile towels. aseptic arrangements, and one or a number of baths should be administered previous to operation. The razor should be used freely for removing the hairs upon which many germs aggregate, and for disposing of the superficial epidermas which is heavily impregnated with the micro-organisms. The lubrication of the

hands may be of advantage in vaginal and in rectal examinations and in the making of autopsies, to prevent dissemination of any remaining germs and avoid contamination. The mucous membranes are the most difficult of disinfection. The most powerful antiseptics are here worthless, as in case of the skin. gation of the vagina with 1 to 1000 bi-chloride has not the slightest influence upon the bacteriological condition. of antiseptics is more or less hazardous. In case of the rectal mucous membrane, death might result from rapid absorption of the injected fluid. Irritation, catarrh, erosion, or some degree of intoxication are common consequences. Irrigation with water or some mild solution, the mechanical removal of the mucus and dirt by the fingers aided by cotton and gauze pledgets, are our only remaining resources. It is easy to understand, therefore, that an absolute disinfection of the mucous membranes, such as we are able to practice upon the skin, is impossible.

Preceding operations upon the intestinal tract, free purgation should be practiced, in case of the stomach irrigation.

All the articles used in the disinfection should be sterilized; the gauze, cotton and towels should be sterilized in steam; the brushes and nail scrapers in 1 per cent. sal soda solution.

We must require a guarantee that the soap has been boiled in the process of its manufacture, otherwise it will contain many germs.

The brushes with their contained moisture and albuminous substances are genuine culture habitats for microbes; they may be dangerous articles and require the most particular attention. The brushes should be submerged continually in  $\frac{1}{2}$  (one-half) per cent. sublimate solution, in enameled receptacles, besides being sterilized when heavily contaminated.

A Case of Stramonium Intoxication.—Dr. Charles O. Maisch says (*Medical Record*) that the comparative rarity of these cases, at least in our large cities, and the marked manifestations exhibited in this instance, led him to place it on record.

Some three months ago I was summoned early in the morning to Mrs. B.—. The impression made upon me was that I had to deal with a case of acute alcoholism. Patient, a woman about thirty years of age, well developed, robust and healthy in appearance, retired perfectly well and sound, one hour before,

and fell asleep shortly after lying down. Had not been exposed to any contagion, "nor had she taken any stimulants or medicines." Shortly after falling asleep her husband noticed that she became very restless, "breathing deeply and loudly," and upon rousing her she appeared "out of her mind and wild." Pulse, 103° and thready; temperature, 100.2° F.; pupils markedly dilated; conjunctivæ deeply injected and reddened; eyes wildly staring and restless. Face and chest covered with an erythema like that of scarlatina or that caused by belladonna. and fauces dry and parched; respirations shallow and increased to 35 per minute. Wild and active delirium; hallucinations of sight and hearing. Complains of intense thirst and severe frontal headache. Patient almost unmanageable, throwing and breaking everything within reach, and constantly looking under bed and searching closets for strange men and animals.

The symptoms were those of atropinismus, and after administering copious draughts of warm water, salt, and mustard to gain time, I gave morphine sulfuric., 0.03 (gr.  $\frac{1}{2}$ ) subcutaneously.

Upon declaring to her husband that the patient must have imbibed something that was poisonous, he learned from a servant that her mistress had taken some kind of tea before retiring.

Upon being shown what remained, I recognized the toothed, ovoid thorn-apple leaves; the bitter, pungent, and metallic taste that is peculiar to it.

On further search a package of compressed stramonium leaves, such as is sold in the stores, was found. Diagnosis was established.

One hour after the exhibition of the morphine salt, the patient was resting quietly; an ice-bag had been put to her head and morphine sulfuric 0.015 (gr.  $\frac{1}{4}$ ) was ordered every four hours, and cold black coffee for the thirst, which still was intense. The next forenoon, when I saw my patient, she had become perfectly rational; the erythema had disappeared, as had also the throat symptoms. She had not the least recollection of what had occurred during the night after having taken the tea, which was intended to restore her menstrual flow. The mydriasis lasted for almost four days.

It may be of interest to know how much of the drug had been taken. The package contained one ounce of the dried leaves, of which one-half had been used in preparing the infusion; to this

was added a cup (eight ounces) of boiling water, and after standing one-half hour she took two tablespoonfuls. From this we may deduce that one ounce of an infusion of the strength of 1 to 16 (considerably weaker than is officinal [1 to 10]) caused toxic effects in this case.

The quantity is certainly not a large dose, and it is to be presumed that the woman has an idiosyncrasy for the drug.

Patient made a complete recovery.

#### DISEASES OF WOMEN AND CHILDREN.

Absence of Genitalia: Vicarious Epistaxis.—Kochenburger (Zeitschr. f. Geburtsch. u. Gynæk., vol. xxvi., part 1, 1893, p. 72) examined last year a patient aged 16. She had never menstruated, but for three years had been subject to severe epistaxis every fourth week. She had been married a week, and coitus was found impossible. The patient was in general development distinctly feminine, there was a little hair along the linea alba. The mammæ and mons veneris were well developed. slight fold in the vestibule, which was very shallow; there was no fossa between the labia minora. The patient was put under chloroform, and no vagina could be detected. In its place lay a cord-like structure which ran upwards for an inch and a half, ending in a fold which ran transversely and clearly represented Mueller's ducts; no trace of ovary could be found. stated over twenty years ago that evidence derived from examination of a living subject only is of no great value in these cases. Kochenburger insists, however, that since Kussmaul's days bimanual palpitation has been carried to such perfection that definite evidence can be obtained from the live subject. He feels sure that the ovaries were absent in his case, yet vicarious menstruction, in the form of epistaxis, occurred regularly. This contradicts Kussmaul's theory that menstruation, and even the molimen, is always absent when the vagina and uterus are undeveloped, though the ovaries may be present and contain follicles.

Testes in a Subject Otherwise Female.—Kochenburger (Zeitschr. f. Geburtsh. u. Gynæk., vol. xxvi., part 1, 1893, p. 73) publishes a case not absolutely unique but of high interest. The patient was 23 and had never menstruated. When 25 she observed slight "show" for a day. She had been married ten years, coitus was somewhat difficult, and she felt no desire.

She was large in frame, There was no vicarious menstruation. but quite feminine in form; the breasts and mons veneris well The vagina formed a blind sac, two inches deep. uterus was apparently represented by an elastic body of the size of a broad bean, lying rather to the right. An ovary-like body occupied each labium majus. The pair were intensely tender to the touch, and caused great pain. They were therefore, removed. A vertical incision was made in each labium. The right gland was easily detached, the left lay higher up, and was difficult to The two excised organs were dissect away from its connections. carefully examined under the microscope, and the appearances, as represented in lithographs, are published with Kochenburger's pa-They contained tubuli seminiferi and not Graafian follicles, There were vessels arranged like and were distinctly testicles. the spermatic and distinct cremasters but no vasa deferentia. Possibly, Kochenburger suggests, they existed, but were cut too close for recognition, at the operation. He refers to similar cases related by Hicco, Breisky, and others. The monstrosity is classed as hermaphroditismus transversus virilis.

Morphine in Puerperal Eclampsia.—In a recent dissertation published by Kranz, under the direction of Veit, he gives the results of seventeen cases of eclampsia during pregnancy and parturition (Boston Med. and Surg. Jour.). All were treated in a similar manner by morphine. There were two fatal cases one due to rupture of the uterus, and one to mitral stenosis with contracted kidneys. Four of the children were dead, in two of whom any deleterious action of the morphine was clearly ruled The effect which followed the initial dose, always 0.03 gm., was immediate and often lasting. If necessary the injection was increased gradually to 0.09 gm. in the course of nine hours. The largest amount given in any case was 0.095 gm., in two hours and a half.

#### SURGERY.

Hyperostosis of the Upper Jaw in the Antrum.—Instructive Experience during Chloroform Administration.— Mr. Pearce Gould operated on a boy the subject of a hyperostosis of the upper jaw in the antrum on the left side (*Med. Press*); it had been growing for seven years, and was causing a certain amount of deformity in all directions; that is to say, there was

bulging in the lower orbital floor, in the interior of the nose, and on the hard palate. It was thought at first that the swelling might be cystic, but this was negatived. The operator then removed with the raspatory as nearly as possible the whole of the tumor, not coming to any central cavity, the swelling having no edge and being solid and composed of comparatively porous cancellous bone. Mr. Gould considered the prognosis of the case to be favorable, and hoped the slight rising of the orbital arch would fall down. No scar was left on the face, as the operation was done through the mouth under the upper lip. Mr. Gould called special attention to the fact that during the operation the patient had suddenly started up, struggled, kicked, and expectorated; it was evident, he said, that some liquid chloroform had got into the mouth and burnt the mucous membrane; had the boy been deeply narcotized and unable to spit out, in all probability he would have died. reason of the chloroform getting into the boy's mouth was that the little bottle fastened to the anæsthetist's button-hole and through which the vapor was conveyed to the patient through a tube had got tipped up; this accident can so easily happen, and the moral Mr. Gould deduced from it was twofold: 1. Great care and attention must be taken always to keep the bottle vertical. 2. In all operations, about the mouth, throat, etc., the patient should not be altogether narcotized, so that if any liquid chloroform should by accident get into the mouth sufficient consciousness should remain for its immediate expectoration.

The Causes of Failure in the Treatment of Hip-Joint Disease.—Dr. Phelps, New York, read this paper by title before the Pan-American Medical Congress (Int. Jour. Surg.) and demonstrated a pair of forceps and an aluminum corset, a club-foot machine and a hip-joint splint. The principal feature of the forceps was bluntness, which prevented injury of blood-vessels. The advantages claimed for the corset were durability, lightness and thinness. An exact fit was obtained by sending to the foundry a cast made of the body. It was hinged behind, clasped in front, and was made larger or smaller by means of the clasp.

The club-foot machine was very strong, capable of exerting great force, and was especially adapted to adult cases and all cases where considerable force was required, while at the same time it was perfectly practical for use in cases where less force was required. The hip-joint splint was of such a character that

the patient could sit on a chair very comfortably, allowing the leg bound with the splint to remain straight.

Dr. Lee said for some time he had been trying to get aluminum which would give sufficient support in cases of Pott's disease, but all he had found had been so soft that it proved useless. Aluminum with copper and nickel possessed a certain amount of strength, but was heavier than the pure aluminum. In reference to the club-foot machine, it occurred to him that possibly there was danger of crushing the soft tissues by using such immense force as it was capable of.

Dr. Phelps said the corset was made of pure aluminum. During the last two years he had made a number of experiments, and found the secret of the hardness was the process of working the aluminum, which gave it the strength. It was intended for some cases, cured cases of Pott's disease and for permanent bracing.

A New Method of Reducing Dislocation of the Lower Jaw.—Dr. Roth describes his method of reducing maxillary dislocation as follows (Lancet): 1. The patient seated in an ordinary chair, the operator stands before him with one foot placed slightly to the right side and the other just in front of the patient and in the middle line. 2. He then flexes himself at the hips and causes the patient to lean forward and to place his forehead at the middle of the operator's sternum—but this position varies with the size of the patient's head. 3. The operator now flexes his head so that his chin grips the patient's head about the upper part of the occipital bone, thus acquiring a firm hold with the head well under control between his chin and chest. 4. The thumbs. protected in the usual manner, are placed in the patient's mouth and the fingers of both hands grasp his lower jaw. considers that his method has the following advantages: a. The operator has the head under perfect control and perfectly fixed; b, the line of force exerted by the operator's hands act in the same line as the resisting force exerted by the operator's chin; c, the operator's elbows, being well flexed, he can exert a greater power by the force acting through the thumbs close to the shoulders; the terminal phalanges will be found to have greater muscular power; d, the patient's head is in a better position for reducing the dislocation; and e, the operator needs no assistant, and does not inconvenience his patient by excessive pushing and pulling the head about during the reduction.

## Book Reviews.

Essentials of Bacteriology. Being a Concise and Systematic Introduction to the Study of Micro-Organisms. For the Use of Students and Practitioners. By M. V. Ball, M. D. Second Edition. 12mo. pp. 205. With Eighty-One Illustrations, some in Colors, and Five Plates. [Philadelphia: W. B. Saunders. 1893. Price, \$1.00.

It is not two years since the first edition of this little work appeared, and the demand for it has necessitated the issuance of a This is certainly the best testimonial to its worth that could be advanced, for it not only shows a demand but appreciation of its contents as well. In the present edition many improvements have been introduced, including a carefully written summary of the progress in bacteriology of the past year. author has also broadened his scope, and the illustrations and plates which have been added are of the highest value to the student. As we remarked in a former review of the book, it is a good and carefully compiled treatise, dealing with the essential points connected with bacteriology, and a most excellent introductory to a more extended study of this vast and complicated subject.

Hernia. Its Palliative and Radical Treatment in Adults, Children and Infants. By Thomas H. Manley, A. M., M. D. 8vo. pp. 231. Illustrated. [Philadelphia: The Medical Press Co. 1893.

We have been waiting for some time to see Dr. Manley's work, as we had some intimation of its forthcoming appearance. The subject of hernia is ever a new one, and its importance cannot be too greatly magnified, when we take into consideration that the condition is one which may be justly ranked as among the most serious ills to which human flesh is heir. The aim and object of every surgeon has been to devise an operation which might completely and successfully relieve them. In the present work we are presented with an excellent résumé of the entire subject, covering the experience of one who has had more than ordinary opportunities for observation and operation, and whose conclusions are based upon the mature judgment of one competent in every way to weigh the evidence before him with rare discrimination.

The book is written in the usual interesting style of Dr. Manley, and it is instructive withal. If we had any fault to find it would be with the quality of the illustrations, so far as their technical execution is concerned. Whilst correct and clear, they

are coarse, and we hope to see this remedied in the next edition which, we are sure, will soon make its appearance. All those contemplating the surgical treatment of hernia should certainly obtain a copy of this book.

Supplement to the Reference Handbook of the Medical Sciences. By Various Authors. Edited by Albert H. Buck, M. D. Vol. 1X. 4to. pp. 1076. Illustrated by Chromolithographs and Fine Wood Engravings. [New York: William Wood & Company. 1893.

Wood's Reference Handbook of the Medical Sciences is among the best known general works on the medical sciences ever issued Its sale was immense, and its popularity was in proin English. But as time grew apace, it became evident that unless some decided action was taken this monumental work would become obsolete. The publishers were in doubt whether to issue a new edition or not, and they very wisely concluded that the better course would be to publish supplementary volumes, of which the one before us is the first. Those advances made in medicine and surgery of established worth, which have been adopted since the completion of the original work, have been incorporated in the present volume, and it stands as a monument to the work done by the medical profession and the progress which characterizes the labors of those who have the welfare of their fellow-men at heart.

This volume is especially rich in additions in the departments of materia medica and therapeutics, neurology, military surgery, the anatomy of the nervous system and general surgery. To analyze this work would be impossible, it would involve the analysis of a complete library. It may be briefly said, however, that very few subjects have escaped the keen and discriminating eyes of the contributors. We have but one fault to find with it. Whilst the several specialties have been considered with due reference to their importance, we have failed to find any article devoted to a dermatological subject, with the possible exception of leprosy. Whilst it may be contended that physicians, in general, take but little interest in the subject, it may be retorted that this very neglect is, in large part, the cause of this seeming want of interest.

With this small exception the work is perfect. It is monumental in character and the execution leaves nothing to be desired. The publishers have done themselves proud, and we are certain that no subscriber to the entire work will let the opportunity pass by of acquiring this the first supplement.

## Literary Notes.

A New Illustrated Dictionary of Medicine, Biology, and Collateral Sciences.—Dr. George M. Gould, already well known as the editor of two small Medical Dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninter-

ruptedly engaged for several years.

The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria have been drawn and engraved especially for the work. scientific-minded physician will also be glad to have defined several thousand commonly used terms in biology, chemistry, etc. The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day. It is especially rich in tabular matter, a method of presentation that focusses, as it were, a whole subject so as to be understood at a glance.

The latest methods of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unrelia-

ble as an exhaustive work of reference.

The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

The Psychological and Medico-Legal Journal is to be established with the beginning of the new year. It is to be a continuation of the Journal of Psychological Medicine, formerly published by D. Appleton & Co., of New York. Dr. Hammond, of Washington, will be the editor, assisted by Dr. T. M. B. Cross. It will be the organ of the New York Neurological and Medico-Legal Societies. Mr. F. W. Christern, 77 University Place, New York, will publish the journal at the price of \$5.00 a year. We are certain that this new monthly will be a success, as those connected with it could not make it anything else.

Bulletin of the Harvard Medical Alumni Association, No. 5, gives a full report of the third annual meeting held in Boston

June 27 last. There are now 1,100 members, of which Missouri claims 8. It was at this meeting that the name was changed from the Harvard Medical School Association to the present one. So far as can be judged from the handsome brochure before us the Association is in a flourishing condition, and it has the brightest promises for its future. The account of the annual dinner is well worthy of perusal, especially the address of the president, Dr. J. R. Chadwick, and the response thereto by Dr. J. M. Da Costa.

Report of the Marine Hospital Service of the United States comes to us as an octavo of 362 pages, containing much matter of the highest interest. It is the report of the Surgeon-General for the year 1892, and is an index of the quiet but effective work being done by this branch of the Government. Besides the usual statistical matter and reports of interesting cases by various physicians in the service, we have quite a long report on a subject which cannot fail to prove of interest to every physician. This report deals with quarantine stations and their methods of disinfection, segregation, etc. A large number of handsome half-tone engravings are introduced to illustrate the various stations and, in addition, are numerous engravings showing the methods of construction of the various apparatus used. The volume is a credit to the Marine Hospital Service and our Government alike.

Books Received.—The following books have been received and are reviewed in the present number of the JOURNAL:

Bulletin of the Harvard Medical Alumni Association, No. 5. Report of the Third Annual Meeting held in Boston, June 27, 1893. 8vo. pp. 89. [Boston: Published by the Association. 1893.

Hernia, its Palliative and Radical Treatment in Adults, Children and Infants, by Thomas W. Manley, A. M., M. D. 8vo. pp. 231. [Philadelphia: The Medical Press Co., 1725 Arch St. 1893.

Essentials of Bacteriology. Being a Concise and Systematic Introduction to the Study of Micro-Organisms, for the Use of Students and Practitioners, by M. V. Ball, M. D. Second Edition. 12mo. pp. 205. With Eighty-One Illustrations, some in Colors, and Five Plates. [Philadelphia: W. B. Saunders. 1893. Price, \$1.00.

Supplement to the Reference Handbook of the Medical Sciences. By Various Authors. Edited by Albert H. Buck, M. D. Vol. IX. 4to. pp. 1076. Illustrated by Chromolithographs and Fine Wood Engravings. [New York: William Wood & Company. 1893.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the Fiscal Year 1892. 8vo. pp. 362. [Washington: Government Printing Office. 1893.

The Index Medicus. The completion of the first twelve volumes of the *Index Medicus* afforded the publisher and editors an opportunity to give a revised list of the medical journals and transactions regularly indexed for this publication. We have gone to some trouble to count these in order to give the imagination a help in realizing the vast literary labor of a serial character carried on by the profession (*Med. News*). Leaving out those of a semi-scientific, purely commercial, or popular order (these will make up for some in the list not accurately or wholly "medical"), we are astonished to find the total number is 1,119!

The medical profession should at least acknowledge the debt of gratitude due the editors of the *Index Medicus*, Drs. Billings and Fletcher, but more especially due the publisher, Mr. Geo. S. Davis, who nobly persists in paying the heavy expenses of the publication with little hope that the few subscriptions will ever equal the outlay. Such an action deserves unqualified thanks, though coupled with shame in confessing that, while we can support hundreds of so-called medical journals, we have to be the recipients of a charity (however willingly given) for the execution of a work so scientific and so useful to every literary medical man.

## Melange.

"Ways that are Dark."—The following from the American Lancet needs no comment:

The Judas Iscariots in the medical profession are many, and their ways treacherous. Doubtless most of their iniquity escapes the notice of honorable persons. Occasionally their ways are discovered. One such was lately made known to us by a distinguished surgeon. Names and dates are withheld on account of friends. The facts are substantially as follows:

A doctor was in charge of a patient suffering from cancer of the breast. Two operations had been performed, and death was imminent. At this point a letter addressed to the patient was delivered to her son, who turned it over to the attending surgeon. By their professional cards and by Polk's Directory the writers of the letter were eye, ear, throat and nose specialists in a large city. They append M.D. to their names, and rank as homeopaths. The letter was as follows:

Dear Madam: Excuse us for taking the liberty of writing to you on a delicate subject. We assure you we would not have done so had we not been urgently advised to by a friend of yours who said that you had a cancer of the breast and had one surgical operation and was contemplating the second. We are not cancer specialists, and make no public pretensions in that line, but do cure cancers after operations have been performed and patients given up as hopeless and helpless, without the use of the knife and with but little suffering. We have cured a number of bad cases during the last few years, with no return of the disease. no faith in surgical operations in such cases; in fact, look upon them as worse than useless. Our treatment is radical and almost universally successful, and consists of both local and constitutional means, being something new and our own discovery. no humbugs or pretenders, but are legitimate practitioners, as you will see by the enclosed cards. If you think favorably of us, we would be pleased to hear from you. Do not ask the advice of a surgeon, as he would have a policy in condemning our methods, of which he knows nothing. We can put you in communication with many persons who have been cured by us both in ---- and different sections of the country. We fully realize the fact that by soliciting patients we are apt to excite suspicion and distrust in their minds; consequently we rarely do so without at the urgent request of friends. We hope that you will not construe this letter into an anxiety on our part to get business and thereby perpetrate a swindle or fraud upon you. With a knowledge of what we can do and what a blessing we can confer upon humanity in such cases, we write you.

Respectfully,

The patient in question was a very rich person. We never knew of such solicitation being made to a poor person unable to pay for treatment. The incident is not new or singular, but is an illustration of ways common enough in every large town. In fact, the ranks of the regular profession are not free from individuals who do similar things in order to secure patients already under the care of other doctors. A rich patient capable of giving a fat

fee is marked as a prey, upon which the vultures keep their eyes as they hover about awaiting an opportunity to grasp the patient's wealth.

Two Thoughts from the Lancet-Clinic.—In her little work entitled "Pensèes," the Queen of Roumania writes: "It is better to have a physician for a confessor than a priest. You tell the priest that you detest mankind. He answers, 'You are not a Christian.' The physician gives you a dose of rhubard and you love your fellow-being. You tell the priest that you are tired of living. He answers, 'Suicide is a crime.' The physician gives you a stimulant and you immediately find life supportable."

Dr. Reeves and the "Amick Cure."—The United States grand jury at Chattanooga, Tennessee, has ignored the bill in the criminal suit for libel instituted against Dr. James E. Reeves for his denunciation of the so-called "Amick Cure for Consumption" as quackery and fraud (Ex.). There is still a civil suit pending, but Dr. Reeves is afraid that it will not be pressed, as the rules of civil suits will permit him to introduce testimony in support of his statements which in criminal proceedings might have been fought out. He says that he welcomes the opportunity "to expose the vile thing," and that if he once gets before a court with his testimony there will be nothing left of the fraud.

Dr. Reeves is to be congratulated for a display of courage in standing up for the right, which is unfortunately rare among medical men to-day. The very mention of the words "libel suit" causes many to close their mouths tight lest they be suspected of taking part in the reprobation and exposure of the nostrum-traffic and other forms of quackery and imposture. number of so-called medical journals that have given advertising and reading columns to the exploitation of this "Amick" nostrum is a humiliating spectacle. The continued violation of the rule forbidding advertising of nostrums by the trustees of the Journal of the American Medical Association is another sight that should bring the blush of shame to the cheeks of every member of the great association defiantly misrepresented by its elected officers. To think that the absence of one man from the Milwaukee meeting caused the matter to be passed over in silence is an evidence of general pusillanimity that makes courage like that of Dr. Reeves stand out in bold relief.

Tobacco Mania.—It is scarcely an exaggeration to estimate that the American people spend about five hundred millions of dollars for tobacco each year (Med. News). Every man who can afford it feels it incumbent upon himself to buy only the most expensive cigars; those who can ill afford it, take pride in being lavish with "a good brand;" the poorest can find money for tobacco, even though they have to ask charity for such things as medical attendance and "Sunday breakfasts," whilst the gamins hunt the gutters for "stubs." And not only the ragamuffins, alas! but well-dressed school boys have learned the nasty habit. The writer has observed hundreds of Philadelphia boys on their way to school, and has been shocked to see a large proportion scrutinizing all the gutters and side-walks, and pouncing with avidity upon every bit of cigarette or cigar stub to be found. No boy really likes to smoke, but does it because he desires to be as big-appearing as the men. And now the women are to ape the fashion! In Russia the railways have to supply special smoking cars for women, and in England it is held stylish and aristocratic for ladies to smoke. The reason for all this is beyond scientific explanation, but the financial objection is evident to everyone, while the esthetic objection is no less apparent; but it is the physician who sees the physiologic objection, the vicious crop of future diseases that is being planted and watered with reckless Why could the smokers not have machines, smoke-cylinders with an exhaust-fan, to do the smoking for them, something after the manner of Oriental prayer-mills, thus saving much trouble and health-injury, while at the same time wasting But let the machine consume all its own stubs, so as to check the formation of nauseous and dangerous habits in the young.

Cholera and Riots in Hamburg.—"Several fatal riots have occurred in Hamburg this month, growing out of attempts by the authorities to enforce sanitary regulations," says an exchange. "They occurred in the suburbs, among the poorest and dirtiest classes, whose natural abhorrence of cleanliness allowed no extra sanitary measures to be enforced. The health officers, who were accompanied by the police, were surrounded by the crowd, who attacked them with clubs and stones. In the last riot two officers were killed and their bodies trampled almost beyond recognition. A company of troops with fixed bayonets

finally dispersed the mob. This opposition to the improved sanitation, and the flaw in the filtering beds by which the Elbe water was mingled with that already filtered, have accounted for the slight increase in the number of cases."

Objectionable Street Advertisements.-We read in the Medical Press that a short time since there was a man who played a barrel organ about the streets of London and exhibited upon his machine a large placard stating that he was blind, and that he had undergone fourteen operations upon his eyes at St. The actual name of the hospital was given, and much Hospital. amusement was caused among the students of the medical school in question when the startling announcement came under their But no remonstrance was made respecting the tenor of this somewhat undesirable advertisement, and the man was left in peace to wheedle out of the charitable public the alms that they were disposed to give. A somewhat similar case recently occurred in Sydney, but in this exception was taken to the announcement, and an action for libel was brought against the blind beggar making use of it. The man had formerly been a patient of Dr. Thomas Evans, and for some years had been exhibiting a painted sign at the street corners bearing the following inscription: "Please help poor Harding, who went blind under an operation under Dr. Evans at the Prince Alfred Hospital." The object of the beggar, of course, was to excite sympathy, and no doubt he found his plan to succeed. When the case came on for trial the defendant agreed to apologize, and he admitted that the statement was entirely without foundation. The charge was then To summon a beggar for libel sounds somewhat at first a bold proceeding to take, but under the circumstances, in this instance, it was quite necessary, as the sequel showed. blind beggars can only make a competency out of their affliction by reflecting upon the skill of those who have endeavored to relieve them of their infirmity, they must bear in mind that they cannot propagate libellous statements with impunity.

Unprofessional Conduct.—The highest court of California eannot define what this is, as we learn from a portion of the following from the Southern California *Practitioner:* 

Under the caption of "Let's Hang some Doctors" the San Francisco Chronicle printed during the month an editorial which

launched upon the heads of certain parasites of the profession a bitterness which caused it to be reflected by the press from one end of the State to the other. The occasion for such a newspaper scold was the arrest of one "Doctor" West of San Francisco, who is now in jail upon a charge of murdering by abortion a young patient whose body he is supposed to have cut to pieces and thrown in the river, from whence it was delivered, piece by piece, by the rising and falling tide. West was a professional It is needless to say he was not a licensed physician abortionist. nor recognized by the profession, and that if he was ever regularly graduated he certainly was practicing unlawfully. for the very purpose of meeting this class of wretches who prey upon the public, upon the strength of the confidence which is reposed in the profession to which they fraudulently claim to belong, that the legislature a few years ago passed the Physicians' License Law. This contained one important clause which the Supreme Court has since struck out: it was to the effect that the Board of Examiners, provided for by the law, should have power to withdraw a certificate from any physician who should be guilty of unprofessional conduct. The Supreme Court held that "unprofessional conduct" was an undefined quantity and that it reposed in the judgment of the Board to say what such might be; that to deprive a physician of his certificate amounted to a punishment imposed through sentence, and upon an ex post facto law made by a body to whom had been delegated powers of legislation, none of which things could be legally done. This might have been good law, but the results show it is poor morals and bears hard upon the profession. The law was passed to protect, alike, the profession and the public from a set of vampires of whom West and his ilk are samples. To do this effectually there had to repose in the Board a supervisory anthority over the profession and withdraw the permission to practice from men whose conduct disgraces the profession; if this should be allowed it would only be a short while before abortionists would be eliminated from the profession.

The Gentle Touch.—Our esteemed cotemporary, the *Medical Record*, says editorially: "Mr. Bilton Pollard, in his address before the University College, London, gave a very timely and practical hint regarding the kindly treatment of hospital patients by internes. We regret to say that such a lesson is occasionally

much needed in many of our public institutions, and the heeding of it will give that necessary exercise of the finer humanities which fits the graduates for the higher grades of successful practice among the so-called cultivated classes. The lecturer very properly maintains that an interne who can by his gentle methods and appreciative sympathy win the love and friendship of his poor and dependent patients has gained as important an experience as any he can obtain in the hospital ward. Not that the ordinary hospital attendant intends any wrong; but there is, in some instances, a sudden inflation of his importance which invites dictatorial brusqueness and an indisposition, in the exercise of duties supposed to be more important, to give time and thought to the exercise of the better elements of his manliness by a compassionate consideration for the sufferings of such as are at his mercy. The cry of agony is never necessary for a diagnosis when the surgeon is the active agent of its The man who inflicts unnecessary pain in handling an injured limb is either a bungler or a brute.

"The difference between the one who considers the feelings of his patient and the other who does not is very apparent in the examination of a wound or the manipulation of a fracture. the former the practiced delicacy of touch discovers all that is necessary to know concerning the extent or character of the wound without a sign of pain from the patient; while the latter, by the pressure and twist in the wrong place and at the wrong time, transforms the patient from a quiet, helpful and submissive subject to a shricking and horrified sufferer. Even the most ignorant patient takes such lessons to heart. With a rich patron the question of choice could very easily be settled, but usually the sick or injured pauper must submit to the inevitable. we consider that the highest science aims to mitigate pain, we can hardly claim superior accomplishments or greater depth of learning for the man whose very touch is signalized by a howl.

"While it may not be possible for everyone to obtain this refinement of manipulation, there is no excuse for not cultivating it in every instance. Scientifically speaking, a sick beggar is the same as a sick king. Their nervous systems are made alike, their reflexes are similar, and their pain-centers are equally responsive. The one who can learn early to treat them from the same stand-point of appreciation becomes the sympathizing

friend of both, and will be as welcome in the palace as in the hovel. There may be a reason why all cannot be great physicians, but we all can be gentle ones. Even in our most desperate cases, when all other remedies fail, the very last to lose its influence is the kind word fitly spoken."

William R. Warner & Co. Given the Highest Columbian Award.—We have been the recipients of the following in regard to one of our advertisers: W. R. Warner & Co., of Philadelphia, have obtained the highest prize for the purity and perfection of their medicinal and officinal standard pharmaceutical and chemical products.

This extensive firm have obtained hitherto twelve grand World's Fair prizes, and they must feel deservedly proud of the Columbian award, which is the highest of its class.

The South-Western Railway Surgeons Association will hold its next annual meeting at Memphis, Tenn. The meeting which was held in St. Louis Oct. 26 and 27 was a pronounced success. It was characterized by hard work on the part of the members.

#### A GREAT OFFER.

Dr. Frank L. James, for many years one of the editors of the Journal and for the past six years editor of the National Druggist of this city, has recently acquired the latter journal. and all of the franchises of the Druggist Publishing Company. Dr. James has associated with him in the publishing company three or four gentlemen of ample means and of broadgauge ideas. With the capital thus placed at his command the National Druggist will take rank with the foremost of the scientific and trade journals of the world. The National Druggist, as reconstructed, is a monthly of 32 pages small quarto of reading matter, 16 pages of price-current, and 32 pages of advertisements. The reading matter consists of articles relating to pharmacy, chemistry, therapeutics and the kindred sciences, a great portion of which is original in the National Druggist. The price is One Dollar per annum. The National Druggist and the St. Louis Medical and Surgical Journal will be sent to the same address for \$2.00 per annum. Subscriptions' may be sent directly to either publishing company.

## Miscellaneous Notes.

Sennine, the new American antiseptic, non-poisonous, non-irritant, odorless, is a product of boracic acid and phenol.

Convenient, inexpensive, applicable in powder form, and dressing. One ounce dissolved in boiled water makes one quart

of liquid of proper strength.

Externally, five parts of Sennine dissolved in 100 parts boiled water, will be of desirable strength for an antiseptic surgical wash, and for the treatment of catarrhal affections of the mucous membrane of all parts of the body. An excellent dressing for burns, scalds and sores is obtained by mixing one part with ten parts of vaseline.

Internally, one to five grains of Sennine three or more times a day is a powerful remedy in fermentative dyspepsia, typhoid fever, cholera infantum, cholera Asiatica (especially as a rectal injection, five per cent), and other fermentative diseases of the stomach and bowels.

Antikamnia in Nephritic and Uterine Pains.—Frank M. Gould, M.D., of Greenwich Mass. says: "I have been using Antikamnia for more than one year, and have never been disappointed in its effect. In nephritic and uterine pains it relieves at once. As an anodyne, it is the best I have ever used."

Papine in Dysmenorrhea.—N. F. Graham, M.D., Washington, D. C., says: I used Papine in a case of dysmenorrhea, for the relief of which I had previously used all the preparations of opium, and can say that it relieved the pain as promptly as morphine, without leaving any bad after effects, as was the case when I had previously prescribed other forms of opium.

Febricide Pills in Malarial Troubles.—In malarial troubles we have a multitude of depressing symptoms which keep the system in low condition. We find many similar symptoms in neurasthenia. Are not many cases of malaria (so called) really caused by a deficient action of nerve force from the cerebro-spinal-system? If this is the case then we require a stimulating tonic to elevate these forces during this period of inaction, and by the elevation of the forces we restore the functions of life to a normal condition.

Neuralgia caused by nervous depression must be corrected on a basis of common sense. If we administer anodynes the effect is only temporary. If the trouble is due to loss of nerve force

we must raise that force to accomplish permanent relief. This is a practical manner of considering disease, and its scientific treatment. In the treatment of maiarial troubles, neurasthenia and neuralgia, the profession will find Febricide pills worthy of their consideration, as it is a combination of remedies which merits their confidence and which has proved most valuable in my experience with it.

ELIAS WILDMAN, M.D., D.D.S., Ph.G.

Jenkintown, Pa.

Chloro-Phenique (deodorized) is now endowed with a pleasant odor, and has so established itself in public favor, that it is no longer objected to on account of its smell. It is pleasant and efficient, and the increased sales are the best indications of its value and appreciation, as well as of its effectiveness, as shown by the demand for it by physicians. If you want a good antiseptic, use it and you will never use any other.

Papine as an Opiate. — Dr. W. A. Jones, of Malvern, Ark., under date of October 3, 1893, writes: "I have given papine a thorough test, and like it much better than any other preparation that I have ever used of all the opiates. It never nauseates, either primarily or secondarily, and has given relief where all the other preparations of Opium failed. It acts well as a febrifuge."

Uses of Phenacetine.—The National Medical Review reports the following in its summary of proceedings, July, 1893: "The speaker told of the great value of Phenacetine. It is very beneficial in the early stages of pneumonia, especially for the relief of pain, the pleuritic pain. Phenacetine will stop the pain better than opium or morphine. Opium is a dangerous drug to use in this disease. Phenacetine reduces the pain, dilates the vessels, and sends the blood to other parts, and so relieves the local congestion." In an article entitled "Cold Baths and Cold Tar," by Dr. Oscar H. Merrill (Medical Record, May 13, 1893), the writer said: "In many cases it will be impossible to get any benefit from baths. \* \* \* In such cases the patient may be much benefitted by having one or two doses of Phenacetine each It is now established, however, that baths with internal treatment are valuable in many cases, and that it is irritational to use one treatment to the exclusion of the other. Intelligent people can be taught in an hour to use the thermometer and to administer Phenacetine or baths with correctness." Dr. Merrill cites a case of typhoid fever in which 15 minute baths followed by Phenacetine "kept the temperature within reasonable limits for ten hours."

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# Original Communications.

THE TREATMENT OF ACUTE PNEUMONIA WITH ICE AND SUP-PORTING MEASURES.\* By Thomas J. Mays, A.M., M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting Physician to the Rush Hospital for Consumption.

Acute pneumonia is a disease which we all well recognize. Its symptoms and physical signs, its course and duration, are constant and characteristic; yet, strange to say, its treatment is as variable and vacillating as its death-roll is long and appalling. In the city of Philadelphia alone fifteen hundred lives are annually sacrificed to this disease. Is this frightful mortality inevitable, or is there a way to escape it? I believe that it can be materially lessened, but before this can be done we must realize the shortcomings and the mischievous tendencies of professional thought on this subject at the present day. I believe that the want of uniformity in the therapeutics of this disease is partly traceable to the prevailing but mistaken theory that pneumonia, like measles and small pox, is a self-limited disease, and there-

<sup>\*</sup>Read before the Philadelphia County Medical Society, October 25, 1893.

fore beyond the touch of successful active medication. Then again, the general skepticism of this age has invaded the field of therapeutics and has cast a gloom of doubt on the remedial effects of the long honored articles of our materia medica. Both of these tendencies, in connection with the fact, which has been shown over and over again, that the practical results of the letalone treatment of pneumonia are superior to those which are obtained when the disease receives the active routine treatment of days gone by, have brought the therapeutic art into undeserved discredit, and have sown broadcast the belief that the less active the treatment is to which pneumonia is subjected the better it is for the patient. In accordance with this view the disease pursues its natural course in spite of any treatment, and all that can be done is to stand by and watch and treat any incidental danger which may develop.

What ground is there, then, for believing that the pneumonic process is self-limited, and that the therapeutic art is powerless in making a local impression on it? So far as I can see, there is no more reason for regarding pneumonia self-limited than there is for considering any other ordinary acute disease in the same All diseases of this kind are limited in duration, but there is no inherent limitation, in the same sense as there is in smallpox or measles. Let us say pneumonia suddenly attacks a single lobe of a lung, and in the course of three or four days it. suddenly ends in crisis, and every vestige of the disease disap-Its sudden onset and termination in many instances lead us to infer that pneumonia is due to the absorption and explosion of a specific poison which exhausts its energy in a few days. and to see an analogy between its behavior and that of smallpox. On the other hand let us suppose another case of pneumonia involving the same lobe of the lung. In about three days the temperature suddenly drops to within a degree of the normal line, and a favorable termination is anxiously looked for, but instead of this the temperature rises higher, and on physical examination it is now found that the whole of the adjoining lobe is implicated in the process. A similar succession of events may take place in case another lobe or part of a lobe becomes in-These phenomena are familiar to every practitioner, and yet can anyone say that this is definite proof of the selflimitation of pneumonia? Has anyone ever heard of smallpox or

measles attacking the body by piecemeal, first invading one area; then another, and so on? Is it not more probable that the duration of the pneumonic process is chiefly governed by the length of time which it naturally takes for the fibrinous exudation to undergo fatty degeneration? And that when the fibrinous deposit occurs successively in different lung areas the disease will be more protracted on this account than if it confines itself to the area which became primarily involved?

Moreover, it is my firm conviction that the prevailing impression that the pneumonic process cannot be controlled or restrained by means of active medication, rests on an equally in-I am not rash enough, however, to assume secure foundation. that any form of treatment can be devised which will always insure against death from pneumonia; but from recent experience I believe that a mortality of 20 per cent., which is the usual death-rate, is too high, and that this may be materially reduced. I also firmly believe that this reduction in the mortality cannot be brought about exclusively through internal medication, feeding, or stimulation, valuable as these remedies are. sion fully realizes the vital importance of sustaining the strength of the patient throughout this disease, and practically this part of the treatment is carried out with very desirable results. above the efficacy of all these measures, however, stands ice, or ice-cold water—the local application of which has the undoubted power of subduing and of circumventing the inflammatory process in the lung.

I base this favorable opinion on the results which were brought out in my collective report on "Ice in the Treatment of Acute Pneumonia," which was published in the Medical News of June **24**, 1893. This paper consists of the condensed histories of fifty cases which were treated locally with ice or cold applications, and which were reported to me by professional friends, or were collected from the literature on the subject, or came under my personal observation. Out of the entire number two making a death-rate of 4 per cent. Additionally I refer to one hundred and six other cases of pneumonia treated in the same way by Dr. Fieandt, a physician of Finland, who had a mortality only of 2.82 per cent.—giving us a death-rate among all of these Moreover, since the appearance of my cases of 3.2 per cent. ave succeeded in securing a number of other reports of pap

cases thus treated, which continue to maintain the favorable impression made by the ice treatment in the first report, and which I hope to include in a future contribution on this interesting problem.

Aside from the fact that both of the cases which died among those reported in my list were suffering from probable incurable diseases when they were smitten with pneumonia, and were, perhaps, on this account not the most impartial test for any new remedy, it is quite evident that the total showing is still better than appears on the surface. Great weight must, I think, be laid on the fact that these cases emanate from fourteen independent observers, half of which number report only one case each. This excludes largely the existence of a personal factor—an attribute and a power which grows out of accumulated knowledge and experience and give its possessor a certain advantage over those less equipped in this direction, and goes far to demonstrate that the curative effects of ice applications do not depend on any very special artistic skill of the medical attendant.

I am often asked whether ice is as efficacious in catarrhal as it is in croupous pneumonia. On theoretic grounds one would be led to believe that it is of greater service in the latter than in the former variety, because the whole imflammatory process is more ephemeral and entails less organic change in the lungs in While my first cases in which the ice was used were exclusively those of the croupous variety, my later experience has taught me that this measure has a similar beneficial effect in catarrhal pneumonia, provided it is pursuing an acute This is fully demonstrated by a number of the cases contained in my report, notably by some of the cases which were treated by Dr. Lees, and also by the one reported by Dr. Frank-Indeed, I believe it is impossible sometimes to discriminate between croupous and catarrhal pneumonia during life when the latter pursues an acute course, and especially when it takes place in infants or small children.

In what special manner should the ice be employed? For want of a better method, the front, side, and back of the affected area are surrounded with rubber bags filled with ice and wrapped in towels. The number of bags which are needed depends on the size of the area which is involved. If this is small only one or two bags are necessary, but in cases where an extensive area

is affected I have applied as many as six and seven, which suffice to cover the whole chest. They are allowed to remain until the temperature becomes nearly normal. Very often it is found that the application of the ice to an affected spot is immediately followed by a marked lowering of temperature, and improvement in the physical signs in the part. In a very short time, and perhaps in the midst of this amelioration, the temperature rises again, and the patient feels less comfortable than Further examination shows that the disease has invaded a new and probably an adjoining territory. Removal of the icebags to the fresh spot, or the application of new ones, will again be followed by improvement. The creeping feature of pneumonia must always be borne in mind, and followed up until it ceases.

One difficulty in the use of the ice-bags is to keep them constantly applied to the chest in restless patients, and this has led me to look into the feasibility of making a hollow tin jacket, which adapts itself to the chest, and through which a constant current of ice-cold water may be passed. Such an apparatus I have in contemplation, and when it is perfected I think it will add much to the effectiveness of the application, and will also be a great convenience to the patient.

The subject of diet demands the most serious consideration of the practitioner, whose aim should be to administer food of the most nourishing character and in the most concentrated and digestible form. In other words, he should strive to give the stomach as little work to do as possible, and at the same time maintain the nutrition of the patient at the highest point. For this reason two ounces of fresh beef-juice pressed out of round steak should be given alternately every hour and a half or two hours, with eight tablespoonfuls of milk, one of whiskey, and one of lime-water. Beef-powder and nutrient wine of beef-peptone may also be given.

So far as internal medication is concerned, I would say that strychnine stands first in this respect and should be given unstintedly. Adults should receive  $\frac{1}{25}$  or  $\frac{1}{20}$  of a grain twice a day hypodermatically, and  $\frac{1}{25}$  of a grain by the mouth every four hours until there is a manifestation of toxic symptoms, such as an increase of the reflexes, especially of the lower extremities. A quarter of a grain of morphine is to be given subcutaneously

in the evening to produce sleep. An ice-bag to the head will also help to allay cerebral excitability and restore quiet. Evacuation of the bowels should be secured by the administration of small doses of calomel and sodium bicarbonate.

When cyanosis and difficult respiration become very marked inhalation of oxygen must be employed. The patient may inhale the gas out of an ordinary-sized rubber gas bag through a suitable mouth-piece which is attached to it. The amount of oxygen which must be given in a case is entirely dependent on the severity of the symptoms, but it is a good rule to push it until the lips and finger-nails assume a more healthy appearance, and the breathing becomes less oppressed, and to give it as often as it is necessary to suppress these symptoms.

Now when we compare the results of the ice treatment of pneumonia with those which are obtained from the prevailing treatment, it will show very much in favor of the former mode Thus the mortality of 1012 cases in the Montreal General Hospital was 20 per cent., while in the Charity Hospital of New Orleans it was 20.01 per cent. From 1822 to 1889 the mortality from pneumonia in the Massachusetts General Hospital was 25 per cent. Dr. Hartshorne estimates that the death-rate from this disease in the Pennsylvania Hospital, this city, was about 31 per cent. during the years of 1884, 1885 A comparison of this mortality-rate with that which has been derived from the treatment advocated in the present paper, shows that the latter produces results which are at least 75 per cent, better than those which are obtained when the cold applications are not employed. I know that the number of my cases is rather small to draw such promising deductions, but from my experience since they were published I am encouraged to believe that this form of treatment will not only maintain its excellent reputation, but will grow in increased favor on closer acquaintance.

The Tri-State Medical Society, of Alabama, Georgia and Tennessee, will hold its next meeting in Atlanta, on the second Tuesday in October, 1894, and the proposition to change the the name to "Southeastern Medical Society" will be considered. This will embrace the territory east of the Mississippi and south of the Ohio.

MEDICAL SCIENCE AND MEDICAL INSTRUCTION. By C. ARNOLD F. LINDORME, Ph.D., M.D., Atlanta, Ga.

In judging the requirements of a medical education there has been, as it seems to the author, a rather scanty display of real argument. All that the medical colleges were enjoined to do, was to add to the courses of lectures, the attendance to which formed the condition of a coming in for a diploma.

Proceeding critically, we must admit the question, however, as an open one as to whether the inadequacy of medical proficiency in the common run of graduates was not as much a result of the incompetency of the teachers as of insufficiency in the scholars.

An incompetency of the teachers, if such there be, more than to any personal shortcomings in the professors, may be owing to the system of academical instruction which is obtaining.

This should be investigated; and in doing so we are struck at once with the propriety of a doubt.

There are historical points which throw a very ambiguous light on the didactic lectures of our time. The method which is prevailing is far from being of recent origin. It did not originate in the American colleges, but came over from the old world, and there it was an old institution when it served as a model to the colleges on this side of the Atlantic.

The age of some of the universities in the old world is very high, even if we leave out of account the antique incipiency of academical instruction, the school of Alexandria and the Moorish institutions of learning, which doubtless were of influence in the organization of the universities of later times; yet we must state that a survey of the leading centers of learning carries us back at least a century previous to the invention of movable type and the printing press.

This is, however, a fact of the utmost importance. It implies at once the probability that the earliest universities, Padua, Paris, etc., were erected under the influence of the peculiar character of that age.

And so it was, indeed. Books in those times were costly; they were all hand-written; and a "reading up" by the student could exist nowhere except in the notes of his own handwriting, the substance of the lecture of his professor, or may be the latter verbatim or to the letter.

Hence the habit in the lecture room, of the professor to read, of the students to write. The teacher, for the students' sake, composed a finished manuscript, and the students thanked the professor to dictate to them the material for a library to which in no other shape had they possible access.

After the invention of movable type and the printing press the occasion for such a proceeding ceased. But did the usage itself also cease?

By no means, and least of all in the old world where it was first established. When the writer studied in Germany, thirty odd years ago, professors were by no means a rarity who dictated their lectures in precisely the same manner as the original mediæval teachers who occupied their pulpits six hundred years ago, and the students took notes so diligently, as the students who had no other means of procuring the text except by fixing the lecture with their pen.

And what would the boys answer when asked the motive of so doing? "Well, without writing, one is sure to fall asleep."

And as it was, the drowsy, drawling way of lecturing worked like a lullaby; it palled the senses, especially on a warm day, not to mention the frequent obfuscation with the fumes of the beer drunk the night before.

Whether in American colleges such fulsome anachronisms occur, the writer is not prepared to decide. He has not had sufficient opportunity of observation here. But there can be no doubt that the system as such, of giving the student of the nineteenth century, in doses of so many hours weekly, a topic which he can buy entire in any book-store, duplicating it twenty times or more perhaps, if he wants to, is on this side of the water as great an anachronism as in Europe.

And the profession has had a feeling of it. The many postgraduate schools which have been erected testify in this direction. They are the expression of the general conviction that the didactic lectures of the under-graduate course are inadequate to the real wants of the practitioner.

If it were not for the insufficiency of the preceding tuition the post-graduate course would be an absurdity. The idea, to make a lot of boys doctors of medicine, and then send them to a school to learn what is necessary for them to know in order to be physicians!

Both institutions should be supplied with what they are short of and thereby become one again. There is no common sense in teaching medicine as it was done more than half a millennium ago, when the students had not only no books, but no cadavers, no laboratories, no museums. What with our accommodations for demonstration, our contrivances for experiment, it is an unpardonable waste of time to spend three or four years with didactic lectures while the student has the most vital interest to use all his time for practical work.

Dissecting room, chemical laboratory, physiological experimentation, pathological museum, clinics, are given the time only which can be spared from the tedious talk about all these things —dead symbols of language where the living thing could be had. And the prejudice that the modus procedendi of six hundred years ago is the really scientific one is so deeply rooted, that practical men even get lost in pedantry and learned lumber, making themselves the laughing-stock of their unlearned pupils. I know a professor of surgery who made a fool of himself by dwelling immoderately on his definition of a wound as "an interruption of the continuity of tissue," and threatening to pluck every student who would fail to know it on examination day. Such definition wisdom is as unprofitable for the student as unworthy of the teacher; but certainly the outcome of the didactic prejudice, the scholastic idea, that it is lecturing, bookishness, by which medical science must be transmitted.

By once being present at a sick bed and noticing what is prescribed or done for the patient, a student learns more theory and practice and materia medica than by four weeks' lecturing; and one operation, were it even on the cadaver only, teaches a boy more anatomy than the most skillful lecturer can talk into him in a fortnight.

What a youngster wants is to see, to do, and he wants it all the more the younger he is. And the seeing and doing is not only in itself all important, but as a help to the subsequent reading. A boy returning home from clinic, operating and dissecting room, from laboratory, chemical or pathological, will, if he be at all a student, more kindly take to a further reading up of the subjects than an unfortunate, jaded class-mate who is expected to turn to his books after five or six hours over meditation with bookishness.

If the undergraduate were less talked to, but shown more, he would gain both ways—he would not only be able to do more, but gather more learning; and a post-graduate school would for him be as certainly unnecessary as this is an institution which was called into existence for no other reason than that of an utter insufficiency of the didactic medical instruction.

If the common run of students care little for the lectures on anatomy and still less for those on physiology, are they only to be blamed? Is the standpoint of ever so many authors of these branches and the lecturers on the same justified, that the knowledge of either of them is in itself and irrespective of all practical application a great thing to possess? It was no less an authority than George Ernst Stahl who declared the discovery of the vesiculi of the middle ear as much worth to medicine as the fresh fallen snow of last July. May not accordingly the student be excused in sneering at his belief in an absolute worth of all the niceties of the ridges and grooves of skeletology, the microscopical peculiarities of the fibres and nuclei of histology, all the microphorology of heart murmurs and the sphygmographology of the wrist pulse of anatomical and physiological specialties?

There is a new time for the curriculum of medicine. But the schedule remains the same. That is why our colleges lag behind, all the labor, all the intelligence bestowed upon them notwithstanding.

The student entering a college and facing his task of mastering the branch of knowledge he proposes to make his own, is not placed before an entirety, but half a dozen or more fragments; and since the knowledge he starts from is, that he wants to learn to cure disease, it is diseases and their remedies only he considers his science.

Now, then, is it not natural that he slights all the other branches? That he cares not for pathology, because the newest remedies like Dr. Hammond's animal juices are selected on merely empiric indications? That he does not care for physiology, because the teachers do not point out the application it finds in the theory of disease and drug action? That he does not care for hygiene, because its professors do not point out the points of practical application of the same in medical prophylaxis? Is not, horribile dictu, a healthy person administered a drug till a path-

ological condition is set up, and this then by soi disant scientific medicine called "physiological action?"

It is still less astonishing that the student cares little or nothing for the lectures on medicina forensis with reference to alienation cases. He feels that he cannot master the topic of mental alienation, unless he be taught first about the functions of the healthy mind. This, however, in a scientific way is not done in any college in the world.

And there it is where the trouble comes in. A unity of the universe can not be made out except on mental domain. Mental centers, however, are not cared for now-a-days. Cerebral centers are the fashion, and they are fast increasing. ut the balance of the brain is thereby not improved; more than ever the philosophy of medicine is at odds.

DESCRIPTION OF WINTER'S PROCESS OF ANALYSIS OF THE GASTRIC JUICE. Translated from Prof. Georges Hayem's Lectures on 'Therapeutics; Paris, 1893. Translator, Paul R. Brown, M. D., Major and Surgeon U. S. Army, Fort Hamilton, N. Y. H.

Chlorine is found in the gastric juice in three forms: First, in the form of free hydrochloric acid; second, in organic combinations; and third, in the form of fixed chlorides or mineral combinations of chlorine. Here is the process which Winter has devised for the estimation of these three factors. In three small porcelain capsules, which we will designate by the letters A, B, C, we place 5 cubic centimeters of filtered gastric liquid.

Into the capsule A we pour an excess of carbonate of soda and then put the three capsules in the drying oven at a temperature of  $100^{\circ}$  C., or on the water-bath, until complete desiccation. We first take up the capsule A. Consequent upon the addition of an excess of carbonate of soda this capsule contains all the chlorine in the state of fixed chlor des; it will then serve to estimate the total chlorine (T).

With this end in view we raise it gradually and carefully to an incipient dusky red heat, avoiding any sputtering of its contents. The action of the heat is diminished and the destruction of the organic matters hastened by frequently stirring its contents with

a glass rod. As soon as the mass no longer presents points of ignition, and becomes pasty from the fusion of the carbonate of soda, the calcination is sufficient.

This operation should only last a few minutes, and the residue taken up by water ought to furnish a colorless solution. After cooling, some distilled water and an excess of nitric acid, chemically pure, is added. The solution is then boiled to drive off the excess of carbonic acid, and brought back to neutrality, or even to a very slight degree of alkalinity, by the addition of pure carbonate of soda. It is then heated, and we are warned that the latter limit is reached by an abundant precipitation of calcareous salts, carrying down all the carbon. After filtration and washing the residue with boiling water, we unite all the liquids and estimate the chlorine by the deci-normal solution of nitrate of silver in the presence of neutral chromate of potash.

This reaction is extremely sensitive. The total amount of chlorine is expressed in hydrochloric acid in order that all the values found may be comparable with each other. The capsules B and C exposed to a prolonged evaporation at  $100^{\circ}$  C. are thus deprived of all free hydrochloric acid. If to the capsule B we then add an excess of carbonate of soda we fix all the chlorine remaining, that is, all the chlorine of the stomachal contents less the free hydrochloric acid.

In order to estimate this portion of the chlorine it will be sufficient to proceed as we have indicated in connection with the total chlorine (capsule A). The value obtained, subtracted from that which represents the total chlorine, will give the quantity of Otherwise expressed, A-B equals the free hydrochloric acid. C, the third capsule, after desiccafree hydrochloric acid (H). tion, is submitted to direct calcination without the addition of This operation should be performed rapidly, carbonate of soda. For this purpose the capsule is proavoiding any over-heating. tected laterally with wire gauze. We thus destroy the organic combinations of chlorine and obtain a residue which now only contains fixed chlorides. These are always estimated by the same method, that is, after the cooling of the capsule, we finish the manipulation as with the preceding capsules. Knowing the figure of the fixed chlorides (F), it is sufficient to subtract this. figure from the value furnished by B (chlorine less free hydrochloric acid), in order to obtain the quantity of chlorine combined with organic matters and ammonia. In other terms, B-C equals HCl combined with organic matters (C). On the whole you see that by this process we obtain four values which represent: The total chlorine (T), furnished by the capsule A; the chlorine in the condition of free hydrochloric acid (H), furnished by the difference (A-B); the chlorine in the state of fixed chlorides (F), furnished by the capsule C; and lastly, the chlorine combined with albuminoid matters (C), furnished by the difference B-C.

The whole operation is comprised in three estimations of the chlorine, made under three different conditions. If you add to these values the total acidity (A), we have five different values all expressed in HCl, and comparable with each other, the importance of which will not fail to impress you when we shall apply this information to the physiological and pathological investigation of the chemism of the stomach. There is a point to which I should call your attention. In the capsules of which we evaporate the contents without previous addition of carbonate of soda, we always see appear, when the liquid contains some free HCl, a blackish coloration, the intensity of which is in relation with the percentage of this free acid.

If there is no free hydrochloric acid in the gastric juice, the residue presents, on the contrary, a straw color. This phenomenon is due to the action of the free HCl upon the albuminoid matters, which enables us from the very beginning to recognize the presence of free hydrochloric acid.

A great number of analyses made by the above process have shown that the results obtained can be absolutely depended upon. This is the first time that any one has estimated the chlorine in the gastric juice under its different forms. The chemical manipulations do not require more than three hours, and are neither longer nor more difficult than those necessitated by an analysis of the urine, and are consequently clinically applicable. This chemical analysis should be completed by the investigation of some reactions, for which, when possible, a portion of the original liquid should be reserved.

I have just informed you that there is a time when the residue of the desiccation of the contents of the capsules, to which no carbonate of soda has been added, assumes a coloration more or less dark when free HCl is present. This may be confirmed by color tests. Of all the agents proposed, methyl violet is the best, as it enables us to disclose the presence of this acid in liquids which only contain 0.10 per 1000.

Numerous monographs have been written in regard to the conditions in which this action is produced and in reference to those In the epoch in which they only sought for free which mask it. hydrochloric acid they were very much astonished to sometimes find a quite marked acidity in the absence of all indication by the color tests. Some authors observed that the presence of peptones interfered with the reaction, they even went so far as to suppose the existence of organic combinations of chlorine, but Winter's process alone has enabled us to definitely establish the existence of these combinations and to demonstrate that C is normally the principal factor of the acidity of the gastric juice in the course of digestion. Thus we may encounter some very acid liquids, the acidity of which is entirely due to the HCl of C, and which do not give any reaction with methyl violet. contrary, this reaction is never absent when free HCl is present, and it is well to retain it as it will serve to confirm the results obtained by the chemical examination and will agree with the coloration, more or less deep, taken by the residue of evaporation.

It is besides important to examine the gastric juice from the double point of view of the possible presence of organic acids and the various products of digestion. It has been known for a long time that during digestion the gastric juice may contain other acids than hydrochloric, and certain authors have even accorded a physiological importance to some of them. Now the important rôle is attributed to the hydrochloric acid during digestion, and the other acids are considered as arising from abnormal fermentation. It would be interesting to be able to estimate these acids and their products, but on account of the small amount of liquid at disposal all endeavors thus far in this direction have been fruitless. For the present we are compelled to rely upon a qualitative determination which generally furnishes indications which are not particularly exact.

But you will very soon see that the insufficiency of these indications is in part compensated for by the establishment of certain relations between the values estimated by Winter's process. Here are, however, the different reactions which enable us to detect the presence of lactic, acetic and the fatty acids. For lactic acid we employ the solution of Uffelmann freshly prepared.

Solution of carbolic acid (4 per ce	,	
Liquor of the perchloride of iron1 drop.		
Distilled water	20 cubic cm.	
We may also employ the solution of Bourget,		
Distilled water	10 cubic cm.	
Perchloride of iron	6 to 8 drops.	

The first of these solutions has an amethyst tint, the second is a brownish yellow; both turn to a canary yellow color in the presence of lactic acid. They will detect the presence of lactic acid in a solution containing 0.05 per 1000.

Unfortunately this reaction is likewise produced by the lactates, and it would be also interfered with by the presence of six times as much hydrochloric acid (Grundzach). In case of doubt one treats the gastric liquid with ether, which removes the lactic acid, decants and evaporates it, and then the test is made upon the aqueous residue with a small amount of the reagent.

Acetic acid is quite frequently recognized by the smell. order to demonstrate it, the liquid withdrawn from the stomach is treated with ether, the aqueous residue of the ethereal extract neutralized with carbonate of soda, and a few drops of a neutral solution of perchloride of iron added to it. There is produced a red coloration due to a formation of ferric acetate, which is coagulated by heat. Here again the acetates and formic acid give a similar reaction. The fatty acids, among them butyric, may cause the liquid to acquire a rancid odor. This assumes a straw color with a reddish reflection when it is treated with Uffelmann's reagent. The aqueous residue of the ethereal extract, treated with chloride of calcium, disengages some little We may besides ascertain if the contents of the drops of oil. stomach contain mucus, which is recognized by the appearance of the unfiltered liquid and the unusual slowness of the filtration. In some rare cases the filtered liquid gives a precipitate of mucin Generally the gastric contents are sufficiently with acetic acid. acid to precipitate the mucus and leave it on the filter. Now let us pass to the consideration of the means which enable us to detect the various products of digestion.

The gastric juice transforms albuminoid matters into peptones after having caused them to pass successively through a certain number of intermediate states. If we could estimate the peptones which are formed during the course of digestion we would

obtain a formula which would enable us to judge of the amount of work performed by the stomach. Some authors have attempted to form an estimate of this work by the aid of processes more or less complicated.

It is important to remember that the peptones are absorbed or pass into the intestine in proportion to their formation; that, probably also the intermediate forms through which the albuminoids pass before undergoing complete transformation into peptones may undergo the same fate. This besides is one of the conditions essential in order that fresh portions of albuminoid matters may be able to experience in their turn the influence of the digestive agents.

There is then no possibility of estimating the quantity of peptones produced, and of measuring in this way the work of the It is much easier to assure ones self if the stomachal contents contain the different products of digestion, and particularly syntonin, the pro-peptones, the peptones. Syntonin is, like albumin, coagulable by heat, but it is distinguished from the latter substance by the fact that it is precipitated when we neutralize with an alkali the liquids which contain it. It does not give as clearly as the peptones the biuret reaction. For the detection of the pro-peptones, we first get rid of the syntonin by precipitating it cold with chloride of sodium to saturation, then heating it after the addition of acetic acid, a precipitate being formed.

As to the peptones, the simplest reaction for showing them is the biuret test proposed by Pietrowski. In one cubic centimeter of the liquid to be examined we place a crystal of sulphate of copper and then add a slight excess of soda. There is produced a coloration so much the more resembling purple as there are more albuminoid matters, so much more a purplish red as there are more peptones. We frequently find mixtures containing, in addition to the peptones, some syntonin and pro-peptones. In order to get a decided reaction we are obliged to get rid of the latter.

For this purpose we employ the process of Hofmeister. The filtered liquid is treated with acetate of soda, then drop by drop some ferric chloride is poured into it until a persistent red tint is produced. The liquid is then neutralized by an alkali, and finally filtered after cooling. It is besides interesting to ascer-

tain if the gastric juice contains any of the products of the digestion of amylaceous matters. These matters are successfully transformed in the normal condition into erythrodextrin, achroodextrin, maltose and glucose. In certain cases amylolysis is suspended on account of the presence of too great a quantity of hydrochloric acid in the gastric juice. A certain number of authors, especially in Germany, have attached a great deal of importance to this analysis, although these products, if they are not transformed in the stomach, are afterwards subjected to the action of the intestinal juices. The different forms of the amylolytic series are recognized by the aid of a solution of With this reagent erythrodextrin gives a purplish red coloration, achroodextrin a dark color, starch a blue coloration. Lastly, sugar is detected by Fehling's solution. erythrodextrin should not be found in the contents of the stomach.

The majority of observers have paid particular attention to ascertaining the amount of pepsin in the gastric juice. With this end in view artificial digestions have been employed which, since the investigations of Leube, have been regarded as capable of furnishing valuable indications. These digestions are made at a temperature of 40° C., with fresh fibrin or little cubes of white of egg mechanically cut so that they are all of the same size.

Three tubes are employed. In the first is placed some pure gastric juice, in the second some gastric juice to which 0.10 per cent. of hydrochloric acid has been added, in the third some gastric juice and pepsin. The design of these artificial digestions is to determine whether it is the hydrochloric acid or pepsin that is deficient in quantity. As we cannot estimate the pepsin this is the only means of finding out if the gastric juice contains it.

The value of this method is very questionable. Even with normal gastric juice, except in case of action upon fibrin disintegrated in a simple sodic chloride solution, we obtain nothing definite. This arises from the fact that an artificial digestion only remotely resembles digestion in the stomach, in which the medium constantly tends to place itself in a certain chemical equilibrium, as much by the elimination of elaborated products, such as peptones, as by the continuous flow of active factors (of secretory or fermentative origin). Also more considerable results are frequently obtained with certain pathological juices, as, for

example, with the gastric secretions of certain individuals affected with hyperpepsia, than with a physiological juice. With artificial digestion we ran the risk of various errors of estimation, and on this account we soon abandoned the process. In closing we will mention the ferment lab or rennin, the presence of which is disclosed by neutralizing the gastric juice and mixing it with milk.

You see on the whole that this examination is composed: Of the consideration of the physical characteristics of the liquid; of the determination of the chlorinated elements by Winter's process; of the employment of certain reagents, enabling us to recognize the presence of organic acids, albuminoid products and amylaceous matters.

# PRACTICAL POST-MORTEM NOTES.\* By HENRY W. CATTELL, A.M., M.D.

- 1. Get all the anatomical knowledge you can out of every autopsy you make; it is therefore usually advisable, especially in the case of females, to perform a preliminary laparotomy. Many surgical operations can be practiced upon the body without disfigurement, such as Alexander's operation, obphorectomy, removal of the ear ossicles and vermiform appendix, stretching of the sciatic nerve, symphyseotomy, etc.
- 2. Do not forget to dictate the post-mortem notes while the autopsy is in progress.
- 3. Respect the feelings of the friends in every possible manner, and always return everything in a private house to its proper place. Be sure to leave no blood marks behind.
  - 4. Be sure of a legal right to make the post-mortem before you begin. The nearest relative, or the one who pays the expenses of the funeral, should give the consent, in writing!
- 5. Do not take away more tissue from a post-mortem than you can thoroughly work up.
- 6. Try to encourage a demand among the laity for the performance of autopsies.
- 7. In making an autopsy have a regular method for its performance, which is only to be modified by exceptional circumstances. Finish the examination of each organ in as thorough a

<sup>\*</sup>Read before the Philadelphia County Medical Society.

manner as possible before the examination of another organ is commenced.

- 8. Label all your specimens at once with name of subject from whom the specimen is removed, character of the specimen, and relations in the body, date, and preservative fluid employed.
- 9. If you are so unfortunate as to cut yourself, wash the wound with running water for four or five minutes, and then dress antiseptically. Do not, out of bravado, go on with the post-mortem if there is any one else present who can complete it.
- 10. If not making the autopsy personally, do not be too forward in suggestions to the one who is making it; but always remain ready to do anything that you are asked to do in connection with the autopsy.
- 11. Let your medical friends enjoy the autopsy and specimens with you.
- 12. Get all the post-mortems you can. Never refuse to make an autopsy for another when you possibly can.
- 13. Tact will get you many autopsies; curiosity of relations and friends can often be worked upon to get permission for an autopsy.
- 14. As the object of the autopsy is usually to find out the cause of death, either for legal or scientific purposes, the postmortem should, therefore, be conducted in as thorough and accurate a manner as possible.
- 15. In legal cases be sure to protect yourself in every possible way. The jars (which should never have been used) containing the specimens should be sealed in the presence of a witness. In important cases here in Philadelphia the coroner has both of his physicians present at the autopsy, so that the testimony is stronger; and in case of absence of one of the physicians the other can go on the witness stand and the case not be postponed.
- 16. If you value your peace of mind do not put yourself forward as an expert witness in medico-legal matters. Knowledge which you already have should be freely given to the court in criminal cases, but the court can not compel you to obtain expert knowledge without your consent.
- 17. In Germany the legal evidence of a post-mortem held by gaslight has been judged by the court, except under certain peculiar circumstances, to be void.
- 18. If two persons are lifting the body the lightest weight is at the feet.

- 19. Chloroform, when placed on a towel and the head enveloped in the towel, will quickly dispose of pediculi capitis.
- 20. Many signs of inflammation, especially of the mucous membrane, disappear after death. Remember that red flannel often colors the skin red.
- 21. Make the undertaker your friend. Do not recommend an undertaker who disapproves of post-mortems.
- 22. It is a good knife that will keep its edge in more than one post-mortem.
- 23. Do not jump at conclusions too quickly. Tentative diagnoses alone should be made until the post-mortem is complete.
- 24. Always weigh the important organs, and have some method by which you can tell the right from the left organ in case of the double ones. One nick in the left-sided organs and two in the right will readily distinguish them.
- 25. Wash your hands frequently during the performance of an autopsy, so as not to allow the blood to dry on the skin.
- 26. In opening a cystic kidney be careful that the liquid does not injure the eyes or soil the linen, as when the kidney is opened the liquid in the cyst is under pressure and may squirt several feet.
- 27. A duct can often be easily followed by making a nick in it, and then introducing a piece of broom stick or a groove director in the direction you desire to dissect. This is especially useful in the ureters and the ductus choledochus communis.
- 28. In writing the account of an autopsy describe what you see; do not use names of diseased conditions. These should be put in under the head of pathological diagnoses.
- 29. Urine or aromatic spirits of ammonia will best take off the odor from your hands. This odor is usually got from opening the intestines.
- 30. Ammonia (also the aromatic spirits) will remove iodine stains; a weak solution of the hypobromite solution will remove carbo-fuchsine and other aniline stains from the hands.
- 31. Any organ which you desire to save should be placed in a safe place so that it will not be returned to the body and sewed up.
- 32. The dissecting-room is a poor place to study pathology, on account of the chloride of zinc forming with albumin an insoluble albuminate of zinc.

- 33. Nervous tissue for microscopic study should not be placed in zinc chloride or in alcohol.
- 34. Remember that a post-mortem, with the exception of the brain and cord, can be made with a penknife.
- 35. Remember that the thoracic and abdominal organs can be removed by the rectum or the vagina.
- 36. Before removing the calvaria have a basin so placed that it will receive the blood and cerebro-spinal fluid.
- 37. Drawings, photographs, casts, cultures of micro-organisms, and microscopic slides are valuable additions to a well-written account of an autopsy.
- 38. A lesion in one part of the body will often suggest a careful search for a lesion in another part of the body.
  - 39. Do not mistake the normal for the abnormal.
- 40. Squeezing the gall-bladder after the duodenum has been laid open will often cause bile to pass out, and the papilla, the ending of the common bile duet, can thus be demonstrated.
- 41. Remember that frozen sections of fresh tissue can be cut and mounted in a half hour to an hour.
- 42. Three hours is none too long in which to make a complete autopsy.
- 43. Be careful that the first rib does not scratch your hands when removing the tissues in that region. Therefore cover over the cut ends of the clavicle and ribs with the skin flaps.
- 44. Blood makes a good glue for affixing labels, and the blood of a person who has died from hydrocyanic poisoning makes a most excellent red ink which will keep for years without the addition of any preservative fluid.
- 45. Remember that after the brain has been removed the fundus of the eyes can be removed by a circular incision posteriorly, without disfigurement. The inside should then be stuffed with dark-colored wool or cloth.
- 46. In private cases you will be frequently judged of as to your skill as a pathologist by the neatness with which you sew up the body.
- 47. If you discover suspicious lesions, always stop the postmortem and report the case at once to the coroner.
- 48. Remember in warm weather that the intestines are especially liable to undergo rapid decomposition when exposed to the air.

- 49. Remember that a railway train or cart may pass over the body and there be no abrasion in the skin more than a brush burn.
- 50. Remember that the color of organs is frequently changed when exposed to the air by the oxidation of the hæmoglobin. Also that the sulphide of iron frequently discolors organs after death, due to the sulphureted hydrogen during decomposition precipitating the Fe of the hæmoglobin.
- 51. The clavicle can be grasped and moved and the claviculosternal articulation thus readily discovered.
- 52. In removing the cord the following method may be used without disfigurement to the skin of the back part of the neck: Make a circular incision from the middle of the trapezius muscle of the one side to the middle of the same muscle of the other side, using as the center of the circle the external occipital protuberance. This will take you in the median line to about the second dorsal vertebra; then dissect away the skin with the muscles attached, and elevate this flap with a tenaculum and draw the shoulders backward. A sufficient amount of space will be given to then remove the cord in the usual manner.
- 53. If the rectus muscle on each side is cut near its origin, in the direction of Poupart's ligament, the abdominal cavity will be much more thoroughly exposed to view than in the ordinary manner. First, however, examine with the finger for hernia.
- 54. And lastly, be honest. Everyone diagnosticates lesions during life which are not found at the post-mortem. Even after a most careful post-mortem it is often impossible to tell from what the patient died.

The Medical Society of the University of Maryland, which was recently organized in Baltimore, to be composed of the faculty, the adjunct faculty, the members of the teaching and hospital staffs, and graduates of the university, will meet on the first Tuesday of each month. The officers were elected as follows: President, Dr. J. J. Chisholm; vice-president, Dr. C. W. Mitchell; secretary, Dr. W. B. Canfield; members of the executive committee, Dr. J. E. Michael, Dr. W. B. Platt and Dr. J. M. Hundley.

THE WASHING AND DISINFECTION OF THE ALIMENTARY CANAL. By PAUL PAQUIN, M.D., Supt. the Gasconade Sanitarium, Lebanon, Mo.

Gastronomy must be considered the chief factor in producing most affections of the alimentary canal. If a man was content to partake of just enough of substantial nourishment without catering to his inherited and created appetites, which have resulted from civilization, diseases of the alimentary canal would be very scarce indeed, and hence numerous other dependent maladies would be absent. But, unfortunately, eating is an art nowadays. The chèfs de cuisine are devoting their energies towards the development of our appetites by the production of all forms of dishes that please the palate, but play havoc in the abdomen, and thence produce numerous disorders. It has become necessary, therefore, for medical science to counteract the effects of the miserable practices, the indigestible foods and the evils produced. The quantity of food ingested at each meal by most people is, on an average, more than half the requirement for the nourishment of the body, the repairs of the tissues, sustenance of life and its energies. We fill the stomach with pounds of meat, bread, potatoes, peas, corn, milk, cream, pudding, pie, ice-cream, coffee, and sometimes wash the whole thing down with beer, wine or water, never thinking that the greater portion of this great mass must be digested in the stomach, and that this organ, having a small and limited capacity, must push out into the alimentary canal a great portion of food stuff undigested. This is destroyed in the bowels by fermentation and the production of irritating gases and toxic substances which are absorbed by the nerve centers and the economy in general. By this method the stomach is overtaxed, fails to digest properly even the food which is left in this organ, and it begins to ferment there, producing by degrees a condition very common nowadays—the distention of the stomach and chronic dyspepsia, so-called. As a result of this universal practice of over-feeding, there is scarcely a person in the civilized world with absolutely sound digestion, and the medical profession is becoming more and more taxed with chronic invalids whose condition may be traced to improper digestion and disturbed digestive organs.

Among the most important treatments of the day for the rectification of these troubles are, irrigation and disinfection of the

alimentary canal. In the institution of such treatment one should first, of course, have made a good chemical and microscopical analysis of the stomach and its contents, in order to establish the nature of the secretions, etc. It must be known whether it is acid or alkaline, and if it is microbic, and to what degree these conditions exist. It should be known also, as near as possible, if there is an organic disease about the stomach or elsewhere in the alimentary canal. These points being understood, the patient may then be placed on a protracted treatment with good grounds for hope of successful results, unless some organic disease exists. The washing of the stomach should be practiced sometimes every day-in the morning and evening, four or five hours after meals; sometimes only once a day-in the morning or evening; sometimes only two or three times a week, according to the conditions to overcome, is sufficient. if there is a microbic affection it may be necessary to use a nonirritant, non-poisonous germicide, among which, for the stomach itself, hydrochloric acid is very useful. At the same time the alimentary canal below should be irrigated, and even disinfected if necessary, using for this purpose a colon tube about five feet long, perforated at the end, and introduced carefully, the patient being in the elbow-knee position, until it has entered several feet into the colon, and the fluid has carried out all the material and the water comes away clear. The temperature of the water to be used in the intestine should be about 80° F. In the stomach it may vary from hot to cold, according to the conditions present.

It is not my purpose in this short article to explain the details of irrigation and disinfection of the alimentary canal, but merely to bring them to the attention of those who consider them beyond application by general practitioners. It is true that at a sanitarium, where we can control our patients continually and regulate the diet, even to giving several days of complete rest to the stomach while we feed the patient by enemata, it is much easier to control patients and reap good rewards for our trouble. But still the details of treatment are not out of reach of the practitioner. I believe it will repay any doctor to make a careful study of the rest and water treatments for alimentary troubles. Naturally, one would have to study the results of the experiments and experience of those who have had long and varied opportunities to get the most benefits, but the trouble would be well repaid by the success attained afterwards.

I have omitted to say a word about dietetics, but, of course, it must be understood that proper diet is a necessary adjunct to hydrotherapy and disinfection in diseases of the alimentary And by proper diet I do not mean an empirical or theoretical one, but a menu based on science—on facts revealed by positive tests of the condition and capacity of the digestive tract. This presupposes a fair knowledge of dietetics and a good one of physiology.

A Surgeon's Nerve.—The Medical Record quotes the following from a magaizne: "It is the common belief that a surgeon must possess what is spoken of as an extraordinary good nerve, and you may perhaps doubt if you possess this. same time you must bear in mind that in the case of a surgeon the coolness or calmness which is so admirable and necessary in an operation does not imply the possession of any remarkable personal qualities, but it is the simplest result of a complete knowledge of what he is doing. It is rather the natural outcome of his accurate familiarity of anatomy and his daily habit. trooper would require a very fine nerve to go to a masthead, or a sailor to ride an unmanageable horse across a country; but a sailor's confidence aloft is due more to a matter of habit than to any particular amount of courage. In saying this, I do not wish to depreciate the calmness of the surgeon in the face of difficulties, but I may tell you quite plainly that if you haven't enough courage to be a surgeon I should be very much ashamed of you, and you would turn out to be a very poor creature, whatever occupation you might follow. Still this fact remains. And you may, perhaps, be interested to hear that I, who have known many good surgeons, have never seen one who has not possessed a very fine courage. In short, a very good surgeon is, in my humble opinion, a very fine fellow, and when I see (as I do see) the extraordinary achievements of modern surgery, I am very proud of belonging to a profession which has made life so much more enendurable and prolonged to the human race. So, possibly, the great fascination which surgery no doubt possesses to many, appeals more strongly to men of courage and determination than to those persons of more weakly constituted minds, or those who are less vertebrate altogether."

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## Clinical Reports.

THE TREATMENT OF LATERAL CURVATURE OF THE SPINE BY NEW METHOD. A clinical lecture delivered at the St. Loui College of Physicians and Surgeons, by Louis Bauer, M.D. M.R.C.S. Engl., Professor of Surgery, etc., St. Louis.

The consent of the patient affords me the opportunity to ex-

He is just 16 years old, but has attained full size, physical and sexual development, his weight cannot be less than 135 points. Since childhood he has enjoyed perfect health. Notwinstanting these ausphons antecedents, he has become the verm of an aggravating lateral curvature of the spine, threaters to up to underwise I s except that y good health.

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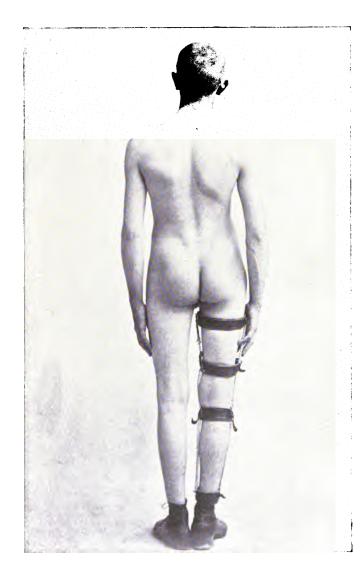


Fig. 10. Knee Brace Applied to Case of Scoliosis.

## Clinical Reports.

THE TREATMENT OF LATERAL CURVATURE OF THE SPINE BY A NEW METHOD. A clinical lecture delivered at the St. Louis College of Physicians and Surgeons, by Louis Bauer, M.D., M.R.C.S. Engl., Professor of Surgery, etc., St. Louis.

The consent of the patient affords me the opportunity to exhibit his peculiar and instructive case.

He is just 16 years old, but has attained full size, physical and sexual development; his weight cannot be less than 135 pounds. Since childhood he has enjoyed perfect health. Notwithstanding these auspicious antecedents, he has become the victim of an aggravating lateral curvature of the spine, threatening to undermine his exceptionally good health.

The examination reveals a deviation at the lumbar portion to the right of the thoracic portion to the left end of the cervical portion slightly to the right, hence there is a triple curvature of the spine. The plummet line shows the most convex portion of the deviation from the perpendicular almost one and a half inches.

This advancement of the deformity indicates years in its development. Hence the ribs have already changed their shape; the right ones are depressed and with it the right scapula, whilst both the left ribs and scapula are raised, bulging backward. As yet there is a moderate good flexibility of the spine preserved, but it is impossible of fully straightening it.

As usual, the beginning of the deformity and its causation are unknown to the parents! But the rapid aggression of the trouble upon the form of the young man has at last given the alarm! As yet no treatment has brought relief. Not even a delay of its progress seems to have been accomplished.

The first object in the management of the like cases is the recognition of their proximate cause. Its removal paves the road to recovery; its persistence is tantamount to "Love's labor lost."

The ordinary causes of scoliosis are supposed to consist in habitual prejudicial position in sitting, standing and holding the body, commencing in childhood; positions which interfere with the mechanical laws of the body in governing the equilibrium and maintenance of the centre of gravity.

To break those habits, recumbency and mechanical contrivances of different kinds have been, but mostly in vain, resorted



Fig. 10. Knee Brace Applied to Case of Scoliosis.



Zander's (Stockholm) System of "mechanino-therapeutics" has been strongly recommended and applied. But I entertain serious doubts of its efficacy, although I have frequently made use of it. Equally ineffective have braces been, however, ingeniously constructed.

At last Goethe's opinion of the virtue of medicine has been adopted by the warmest of enthusiasts: "Gehn lassen wie es Got gefaellt."

The present case has, however, had the effect of rekindling the hopes of mastering this case at least. My reasons are:

- I have been successful in familiarizing myself with the direct cause of his scoliosis.
- The spine being still flexible, has not as yet acquired that change of the vertebral bodies, which can scarcely be reformed: by any known plan of treatment.
- The patient is young—has not as yet entered upon the responsibilities of life; hence he is more pliable and docile for the course of treatment decided on.
- I believe to be in possession of the exact means and measures of breaking the objectional habit and bending of the spine in diametrically opposite directions which eventually it leaves perfectly straight.

Now, I will inform you how I came to these conclusions:

At the first examination, the patient being completely undressed, he placed himself before me in probably the very same position to which he has become habituated and which in all probability is the only cause of his deformity. Engaging him subsequently in conversation, I continued to watch closely and found that he always assumed a similar position which had at first attracted my attention; and on inquiry learned that our patient had for several years been engaged in playing the violin. To make the test complete the instrument was handed him with the request of playing one of his pieces. In complying, he at once assumed that "commodious posture" described, and which in my estimation is at the foundation of his triple scoliosis.

I scarcely need mention that the musical pursuit had at once to be dropped. But from the experience of the pupil, I doubt whether the discontinuance of the violin alone would break the habitual position. It could certainly not correct the already existing deviation of the spine! In order to accomplish so important an object a mechanical action has to be brought to bear, that not only counteracting the established habit of the patient, but directly reversing its mechanical effects upon the spine.

The first indication is fully answered by preventing the bending the right extremity, and depressing the pelvis at the right, and thus forcing the spine into the primary deviation at the lumbar portion from the perpendicular.

The thoracic and cervical ones are both of secondary significance.

In applying one of my knee braces (Fig. 10) the object is fully realized with the least possible inconvenience to the patient.

And in heightening the heel and sole of the right boot, you meet the second indication by adding proportionately to the length of the right extremity, elevating the pelvis on that side and thus forcing the lumbar portion of the spine into a diametrically opposite direction.

In order to have the same effect upon the spine produced while sitting, I shall advise the patient to provide a wedge-formed seat (Volkman's), by which to raise the right side of the pelvis from one to three inches. During the night the mechanical appliances may be dispensed with as unnecessary.

That is the first trial I am going to make in the treatment of this class of deformities, and from which I expect most satisfactory results. After he has been a month under the influence of the new treatment, I shall again exhibit the case for your information.

The patient again appears before the class. He has been for five week treated by this means, which I suggested on a former occasion. The results have been most satisfactory. In fact they have fully come up to my solicitous expectation.

Although our patient has been under full sway of the mechanical appliances, he has not suffered any serious inconvenience, except the continuous strain upon the lumbar portion of the spine, expected from the opposite lateral bend. The deformity is materially reduced.

Of course, if you remove the appliances and advise the patient to resume the old position, you bring the former trouble back to a moderate extent. Equally prompt is the correction in reapplying the instrument and boot.

Gentlemen, I think we have at last struck upon the most reliable plan of relieving scoliosis—one of the most intractable and ruinous curvatures of the spine.

## Correspondence.

#### AMENORRHŒA.

I have been in the practice of medicine for over twenty years and have found more cases of this one disease among females than all of the rest put together. There are so many phases of it or degrees, I might call them, from the girl blooming into womanhood until after the change of life. There are so many causes for this trouble—an anæmic condition, a fright, cold or dampness during the time of the menses, some debilitating disease, want of proper nourishment—all these causes and many others have a great influence in causing amenorrhœa. This trouble long affecting a female is liable in the majority of cases to bring on other and more serious diseases.

Tuberculosis sometimes follows, and chlorosis is one trouble connected with the disease. I have known females troubled in this way to have spells of epistaxis in an extreme form, the hæmorrhage being so great as to nearly destroy life. Emesis from the stomach sometimes does follow the long train of symptoms.

These are headaches; vertigo in many cases; some become demented, hysterical, have convulsions. They are subject to dyspeptic and heart symptoms, have neuralgic pains through the system. You will hardly find or meet two females with exactly the same symptoms.

I might quote many cases now that I have in mind, but it would not add anything of importance to them. I have known women who have not menstruated for a year and had apparently good health. I have seen others who only lost one time, and they were all broke down.

Now, as to treatment: this depends altogether on the cause of the amenorrhoa; if it comes from cold and damp feet, at the time causing a sudden stoppage, bathing the feet in hot, even mustard water, also sitting the hips into water as warm as can be borne, drinking hot teas and good doses of quinine give the best results in the cases I have treated, and nearly always brings on the flow.

Where the trouble is connected with anæmia, quinine sulphate

and tr. chloride of iron diluted in distilled water, in the proportions given in the following recipe:

R	Quinin. Sulphat	Ziii.
	Tinct. Ferri Chloridi	
	Aquæ Destillatæ	

Mix. Dose: teaspoonful four times a day.

This should be taken for some time with good nourishment and plenty of fresh air and sun-light; and in ordinary cases you would be surprised at the marked improvement.

Hysterical and other symptoms will have to be treated according to the case. I have found the bromides good in many cases where there was much nervous symptoms or headache. Where hysteria seems to predominate, good results are often obtained with musk, assafertida and camphor gum.

Valerian has been tried, but does not in all cases prove very good. Preparations of celery combined with bromides has a good effect. Tonics of various kinds, more especially nerve and blood tonics, do the most good, give the most satisfaction,

· Harmon, Lee Co., Ill.

WILLIAM HENRY, M.D.

#### THE SURGICAL INSTITUTE OF INDIANAPOLIS.

A recent visit to that city afforded me the desired opportunity of a call at that well advertised institution. I found it in a transition state of leaving the old and taking possession of the new building just finished. The magnificent style and dimensions of the new structure are the best evidences of the success of the enterprise.

The old plant is full of "in-patients" and besieged by a large number of patients who reside outside of the establishment and brought there every day for treatment.

On entering, I was rather surprised by a confusing noise which would do justice to a manufacturing establishment in full blast. As the source of the noise, I found a steam engine at work in moving a large number of implements keeping the limbs of some patients in passive motion, or rubbing them by brushes or gently pressing them, etc. For this purpose, all sorts of tables, sofas, settees and the like furniture are provided, while the contrivances were connected and set in motion.

In looking through the patients I found quite a number afflicted with difficulties susceptible to be greatly benefitted by the working of such apparatus, although the hand of a vigorous massageur, well applied, could not fail to afford the same benefit to the patients, although the expense would be, of course, greatly enhanced.

But I saw other patients afflicted with idiocy, microcephalus, and asymmetry of the skull, etc., who could not be benefitted by mechanical application.

Mr. Allen, the first director of the institute, should either remove the term "surgical" from the sign, or employ a responsible surgeon to assist him in the diagnosis and treatment, and thus supply the knowledge and skill of which he is obviously deficient. In doing the first, he would honestly reduce the institution to an excellent mechanical and effective establishment in which for qualificial cases good service may be rendered. And in making the suggested change, he would raise the character of the establishment to the pretended standard, more in keeping with the just demand of the medical profession, without endangering its financial prosperity.

Louis Bauer.

#### RUDOLPH VIRCHOW

Received his diploma as Doctor of Medicine, utriusque, which made him a member of the profession on the 21st of Oct., 1843.

On the same 21st day of October, 1843, he closed half a century of an unparalelled useful work for the advancement of medical science, to which he had dedicated his life. No retrospect could furnish even an outline of his literary contributions, which extend into every branch of medical science and establish his claims of original merit on indelible marks. Although best known and revered at Berlin, the advent of his fifty years' jubilee of his Doctorate finds sympathisers throughout Germany, nay through the scientific world of which, in fact, Rudolph Virchow belonged.

It is therefore not surprising that medical scholars of civilized nations should have combined in contributing their scientific share to a grand work of three volumes just published by Aug. Hirschwald of Berlin, to solemnize the event in the life of this

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great and deserving man. Indeed, no monument of a more exalted character could have been called into existence.

And yet Rudolph Virchow's labors are by no means limited to medicine. He has exhibited an enthusiastic love for political emancipation from absolute thraldom, and has borne his share of prosecution with a dignity deserving patriotic following.

Very truly it may be said that in nobility of character and fruitfulness of his works, the nineteenth century have seen few equals of Rudolph Virchow, and none excelling him in virtue and worth.

Louis Bauer.

#### SOME EXPERIENCES WITH PAPINE.

I have used papine extensively in my practice for about one year, and the results obtained from the use of this preparation have been most happy. My experience teaches me, 1st, that papine relieves pain in cases in which opium previously administered has failed entirely to mitigate suffering; 2nd, papine does not produce nausea which is so constant a result of opium. So far as the effect of papine is concerned, the patient may be up and about without any unpleasant symptoms; 3rd, it produces no papine habit. One of my patients took the drug for several months and on recovery immediately discontinued the use of it; 4th, it has not the constipating properties of opium.

In brief, while papine cannot be compared with opium in the treatment of inflammation, there are certain neuralgic and rheumatic affections in which it is far superior and will give certain and speedy relief when opium will fail you. I append a case or two in support of these statements.

Case I.—Mrs. S., age fifty-five years, came under my care May 11, 1893. Patient is a sufferer from asthma, and for six months prior to my first visit had been afflicted with a very intense neuralgic affection of right arm, involving shoulder and chest. All manner of remedies had been used. Opium produced such sickness that patient could not endure the misery. Finally I tried papine, combining it at night with bromidia to produce sleep. Twenty minims of bromidia to thirty of papine, repeated every three or four hours as required for pain, soon brought complete relief. Patient also received some general treatment and

used faradic battery. This patient has for the last three months been doing her own work, using her right arm, which had been helpless for over six months.

CASE II.—Mrs. B., age fifty-two, has had some obscure liver trouble for twelve or fifteen years, necessitating the use of morphine in large quantities and at very frequent intervals. called to see her about Oct. 1, 1893, and found her suffering with acute pain over region of liver, radiating to stomach. had these attacks for many years. She is jaundiced. combination of morphine, ether and chloral to relieve pain. The morphine in one-quarter grain she took every hour until my visit on following day. This had no appreciable effect on the pain, so I bethought me of papine, which had produced a very Two or three thirty-minim happy termination of prior case. doses gave complete relief, and patient since that time has been The papine gives almost immediate relief better than for years. in this case when morphine produced absolutely no effect.

Patient has just called while I am writing this to have her bottle refilled. Having been a sufferer for years, she is loth to be without the remedy which has given her such immediate and complete relief.

I might quote other cases from my day-book, but these will be sufficient to show the result of my experience with the remedy papine.

J. Allen Palmer, M.D.

Rossville, Ill., Nov. 16, 1893.

Dr. Edward Warren.—We read in an exchange: "The late Dr. Edward Warren, Bey, had a career of more than common interest. He was acting surgeon-general in Lee's army during the Peninsular campaign. After the war he went back to Baltimore to claim the medical professorship he had given up at the outset of the war. This being denied him, he started a new medical school. He became surgeon-general in the Khedive's army and received the title of Bey. Charcot induced him to seltle in Paris, and there Dr. Warren had a large practice among the Anglo-American colony. He received the cross of the Legion of Honor. He was born in Edenton, N. C., in 1828.

## Editorial Department.

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# The Earlier Editors of the St. Couis Medical and Surgical Journal.

#### DR. GEORGE ENGELMANN.

A BIOGRAPHICAL NOTICE BY L. CH. BOISLINIÈRE, ST. LOUIS.

The subject of this biography was one of the earliest and most valuable contributors to the St. Louis Medical and Surgical Journal, to which for forty-nine years he furnished once every month most complete and accurate metereological and climatologic reports, which were the only authentic ones before the establishment of the Weather Bureau; and such was his zeal in taking his observations, that even a short time before his death, he himself swept the snow from the walk leading to his instruments. This fact is reported by his old friend, Dr. Enno Sander, in his valuable notice of Engelmann.

The likeness here presented is life-like and was taken only a few months before his death.

Dr. George Engelmann was born in Germany, on February 2, 1809, in the old and wealthy city of Frankfort-on-the-Main, and



DR. GEO. ENGELMANN.

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died of Bright's disease in St. Louis on February 4, 1884. His father was a burgomaster in Frankfort, and was able to give his son a university education. He was the eldest of thirteen children, and leaves only one son, Geo. J. Engelmann, a scientific gynæcologist of this city.

The subject of this notice entered as a pupil at the University of Heidelberg, where he met and formed an intimate association with Louis Agassiz, Alexander Braun and other distinguished men, and he graduated as doctor of medicine at Wiirzberg, after attending in Berlin the lectures of the genial Prof. Schönlein and other celebrated lecturers of that time. His inaugural dissertation created quite a sensation among the large circle of acquaintances the young scientist had formed. It is called "De Antholysi Prodromus," and treats of morphological monstrosities of plants and their metamorphoses. Dr. Masters, at present the most prominent teratologist as regards plants, compares with praise this treatise to the elaborate "Eléments de Tératologie Végétale" of Monguin-Tandon. It was written in elegant Latin, and is a remarkable production for the time, as it shows evidence of deep insight into the nature and cause of the deviations from the ordinary conformations of plants. Engelmann, however, did not deduct from his researches the shallow hypotheses attempted His work was purely scientific, differing in this since by Darwin. from Darwin's conceptions, which, as Virchow proves, are not founded upon a scientific basis. This essay was soon followed by a monograph, also in Latin, on the habits of a little creeper he found on a hazel bush. It was printed in Germany, and made quite a stir among scientists on account of the minuteness and perfection of the observations. Largely is due to him the honor of having introduced the present method of classification of plants based on microscopical examinations and investigations. His whole heart was given to this work. He always investigated systematically and accepted in science nothing for granted, until it had passed through the searching crucible of his analogical Owing to this element of his mind, after thorough observations he published in America his master-piece, "The Monography of North American Cuscutina." This production created quite a sensation among the botanists of both hemispheres, being republished by botanical periodicals in England and Germany, also in America in 1842, by the American Journal of

Science. His descriptions of the cuctacea of the Pacific Railroad survey followed, and several years later came his most renowned work on the cactacea of the boundary, which forms a highly interesting portion of "Emory's Report of the United States and Mexican Boundary Survey," the magnificent illustrations of which were engraved in Europe under Engelmann's directions.

Many other papers on botany were also published by him at different times—the yucca, the agave, the conifera, the American oaks, etc. However, his publications on the North American vines should be particularly mentioned, for they have become very important to the grape-growers of this country as well as of Europe.

A list of Engelmann's botanical papers has been published by Prof. C. S. Sargent in *Coulter's Botanical Gazette* for May, 1884, who enumerates 112 entries and also counts 38 scientific societies of which Dr. Engelmann was duly elected a member.

Moreover, in 1856 he originated the St. Louis Academy of Science, of which he was the first president. Fifteen times more he was elected to the same office, whilst he held that of vice-president also a number of times. The Shaw's Botanical Garden owes much of its beauties to his original ideas and plans.

Dr. Enno Sander, to whom I owe much in preparing this biographical notice of Engelmann, remarks that his literary productions manifested a mind of close and acute observation, of critical circumspection, and a clear, conscientious judgment of the points upon which scientific determination depended. Dr. A. Wislizenus, the companion of his botanical excursions and his life-long friend, said of him that in his scientific decisions he was firm and inflexible; that he did not rely upon speculations or hypotheses, and was strictly true in scientific matters.

Such are the principal claims of Engelmann to be considered as a scientist of the first order. His works will live long after him.

To this notice a few words must be added concerning his personality. He was a man of medium stature, well-proportioned, with a square German head and a countenance beaming with intelligence and kindness.

Before coming to America he spent a year in Paris to enlarge his knowledge of surgery, medicine and obstetrics; Paris being then the head of the surgical and obstetrical arts. He remained in that city in 1832, although the cholera was raging there. Dissatisfied with the political situation of Germany, and attracted by the glowing descriptions which Dresden had published of Western America, at the end of 1832 he embarked at Bremen for Baltimore, and after a long and tedious journey arrived near Belleville, Illinois, at the home of his uncle, who had preceded him.

He soon began his explorations of the country, visiting Southern Illinois, Missouri, Arkansas and Louisiana, paying particular attention to his favorite studies, and discovering many plants which he afterwards described.

In one of his excursions through the wilds of Arkansas he stopped one night at a farmer's rude cabin, and whilst cleaning the large knife which he used to dig out plants and roots, the farmer was watching him closely, and, thinking that Engelmann had some murderous design, stepped forward and said, "Look ye here, stranger, let us swap knives," and at the same time brandishing a vicious looking "Arkansas tooth-pick," he advanced in a menacing manner towards Engelmann, who was at some trouble to convince this backwoodsman that he used his knife only to dig out roots.

After making several exursions in the above States, he concluded in 1835 to settle down and commence the practice of medicine at St. Louis, which was then only a small frontier town of 10,000 inhabitants; and in order to defray the expenses of furnishing his modest office, then on Chestnut and Second streets, he was compelled to dispose of his guns and pistols, except his favorite horse so necessary then for the practice of medicine in these primordial times.

His practice from the first was very successful, especially among the numerous French families, who became his warmest friends. Even during the last years of his life and with failing health he would not refuse his professional services to any one who claimed them, even at night. He often said, "How can I refuse to go when they send for me." A bright exemplar to the physician who is fond of his ease.

Owing to his great knowledge as an obstetrician, he became the most popular accoucheur of those days, and was the first man who successfully used the forceps, in spite of the opposition of the members of the profession.

In about four years he had accumulated sufficient funds to

enable him to leave his patients in the care of his trusted friend, Dr. A. Wislizenus, and to return to Germany for the purpose of marrying his affianced bride, Miss Dora Horstman, of Kreuznach, to whom he had been engaged for ten years. On June, 1840, he brought his young wife to his new home in St. Louis.

In 1856 he took another trip to Europe, where he remained two years to superintend the engravings of the plates appertaining to his great work on the "Cactaceæ of the Boundary."

In 1868 he repeated his European tour, accompanied by his wife and their only son, George, whom they left abroad to complete his studies. In 1879 his wife, the constant companion of his journeyings, after a conjugal bliss of forty years, died of nervous exhaustion.

Dr. Engelmann's devotion was so profound that he never could be consoled of the loss of his wife, and in spite of the consolations of his friends, of whom I had the honor to be one, and the attempts to assuage his grief through occasional visits to the Rocky Mountains and Colorado, he gradually succumbed to the intensity of his sorrow.

Now he rests under the shade of his friends, the noble oaks, and the sad and plaintive murmurs of their leaves sing over his grave a solemn requiem for him who loved them so well.

L. CH. B.

#### CORRECTION.

The article on Typhoid Fever which appeared in the November Journal was wrongly credited to Dr. John W. Trader, of Sedalia, Mo. The real author was Dr. G. E. McNeil, of the same city. The author attached no name to it, and having received it through Dr. Trader, it was naturally attributed to him.

The Old Story.—A correspondent of an English contemporary, writing from a small manufacturing town, says that the number of practitioners has risen there within four years from four to eight. The population in the meantime had not increased. As an evidence of how the doctors were prospering, three children of one of them were working in the factory.

### Dermatology and Genito-Urinary Diseases.

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Impetigo.—Dr. Frank H. Barendt says (Prov. Med. Jour.) that this term has been variously used by dermatologists. . When used alone, it should be confined to the skin affection which the late Tilbury Fox describes as impetigo contagiosa. It is a vesico-pustular eruption, and the crusts (the meliceris of older writers) look as if they were stuck on to the skin. It is usually seen on the face and fingers, and in the majority of cases a similar eruption is seen on the occiput and adjoining nucha. tagious, and may occur in epidemics among poorly nourished children where personal cleanliness is ignored. The cause of the pustulation is the presence of staphylococci, and it is the inoculation of these organisms on suitable soil that spread the infec-The patient's nails tear through the horny layer, laying open the mucous layer in which the staphylococci are deposited. In a large number of cases pediculi capitis are present, and the irritation caused by these pests leads to intense scratching, with subsequent impetigo. The adjunct contagiosa was added by T. Fox to draw attention to the leading clinical feature of the eruption, and to distinguish it from other forms of impetigo. Impetigo larvalis is either impetigo in which the efflorescences have become confluent, giving the impression of a mask over the face, or it may be pustular eczema. This has also been termed eczema impetiginodes, but it is only eczema in which pus organisms have complicated the eruption. Impetigo a potu is a pustular form of acne. Impetigo herpetiformis, first described by Hebra, senior, is a rare and grave disorder, attacking parturient women and usually ending fatally. Its ætiology is obscure. unculus, impetigo is readily distinguished by its superficiality, the absence of an extensive red areola, and the fact that it never leaves a scar behind.

The treatment is simple, the source of the disease must be sought for, and almost invariably the occiput will reveal the presence of pediculi and nits. There is no necessity to cut the hair short. All that is required, is a thorough soaking with equal parts of paraffin and olive oil rendered less objectionable by the addition of balsam of Peru. This application kills the lice; the nits should be removed by combing the hair with a fine tooth comb, constantly dipped in hot vinegar. Dilute acetic acid,

perfumed with lavender is a more elegant solvent. As regards impetigo of the face, the crusts must be softened by the application of pledgets of lint, soaked in warm olive oil, and when detached a mild antiseptic ointment is spread over the raw surface. This method speedily effects a cure. With the object of rendering the "soil" less liable to re-infection, tonics and nutritious diet—for this is often defective in such cases—should be prescribed.

For Undue Sweating.—Olszewski (Centrahl. f. d. yes. Ther.) recommends fluid extract of hydrastis canadensis. In mild cases a single dose of from 20 to 30 drops at night suffices; in more aggravated, from 25 to 30 drops, three times a day, for several successive days will be required.

Formulæ for the Antiseptic Treatment of Boils and Carbuncles.—The *Medical and Surgical Reporter* extracts the following from a paper by Dr. E. Gourine (*La Semaine Médicale*) who has found the following formulæ of value in the antiseptic management of boils and carbuncles:

R	Chloroform	<b>3</b> ј.
-	Essence of Canella	. Zijss.
	Carbolic Acid	
	Camphorated Oil	
M.		9-
R	Chloroform	.3j.
•	Essence of Cloves	
	Beechwood Creasote	
	Camphorated Oil	
M.	•	<b></b>
R	Sublimate	gr. jss-jvss.
•	Carbolic Acid	gtt. xv-xlv.
	Alcohol	Zijss-Zj.
	Distilled Water	
M.		
R	Salicylate of Mercury	gr. jss-jvss.
•	Salicylic Acid	gr. xv-xxx.
	Alcohol	
	Distilled Water	℥ijss.
M.		
R	Biniodide of Mercury	gr. jss-v.
-	Tincture of Iodine	gtt. xv-xxx.
	Glycerine	_
	Distilled Water ana,	Zjss.
M.		<b>3</b> -

A compress soaked with one or the other of these solutions is applied to the furuncle or carbuncle, and at the same time subcutaneous injection of one of the following injections is made:

P <sub>k</sub>	Carbolic Acid	gr. jss-iij.
•	Sublimate	.gr. 1/15-1/6.
	Sodium Chloride	.gr. x.
	Distilled Water	
M.		0
R	Carbolie Acid	.gtt. jss-iij.
•	Salicyiate of Soda	
	Biborate of Sodaana,	gr. xv.
	Glycerine	
	Saturated Solution of Chloroform	.ʒij.
M.	•	•
R	Iodoform	gr. iij-viij.
-/-	Salol	
	Carbolie Acid	• .•
	Ether	•
	Alcohol	0.
М.		<i></i>

The treatment has given him excellent results and has prevented employing surgical measures.

The Animal Origin of the Trichophyta Affecting the Beard.—Dr. Sabourand read a paper on this subject before the Société de Dermatologie et de Syphiligraphie (Bulletin). He discussed the following points:

- 1. The facts that induced him to believe in the animal origin of certain trichophyta.
- 2. The special characteristics of the animal megalo-trichophyta (i. e., with large spores) occurring in man.
- 3. The proportion of trichophyta of animal origin to the sum total of trichophyta found only in man.
- (1) He examined carefully cases of equine tinea, and made several cultivations, some of which resembled those obtained from man; others, in a minority, were quite different. However, the types of animal trichophyta essentially differed from those which produced tinea tonsurans, with large spores, in the child.
- (2) The megalo-trichophyta of the human being vegetate exclusively in the hair shaft itself, whereas the megalo-trichophyta of animal origin constantly invade root-sheaths of the hair follicle, and the mycelium and spores form the kind of scabbard for

the diseased hair-shaft. This ramification of the fungus is well seen at the base of the follicle.

- (3) Trichophyta of animal origin are found in man as follows: 2 to 3 per cent. of cases of tinea tonsurans in children; about 30 per cent. of cases of ringworm of the body; but in seventeen cases of ringworm of the beard, Dr. Sabourand found the source of infection was without exception animal. A distinction must be made between ringworm attacking the hair and skin of the beard (trichophytic pilaire), and that affecting only the skin of this region (trichophytic épidermique). In the latter case the fungus is a megalo-trichophyton of human origin, which never invades the hair of the beard. As regards the trichophyta invading the hair follicles of the beard (pilary trichophyta), Dr. Sabourand recognizes three clinical affections characterised by a special trichophyton:
- 1. Deep-seated sycosis due to the megalo-trichophyton of the horse (producing a white culture).
- 2. Superficial disseminated sycosis, presenting a moist aspect caused by a trichophyton, also occurring in the horse, but more frequently in the calf (producing a yellow culture).
- 3. A dry scaly form of sycosis, caused by a trichophyton met with in fowls (producing a pink culture).

Dr. Sabourand concludes that ringworm of the beard—sycosis parasitaria—trichophytic folliculitis—originates from animal trichophyta, and that tinea tonsurans of the scalp in the child can only be referred to this source of contagion in a little over 2 per cent. of cases.

Hence the old conception of mentagra parasitaria being different to tinea tonsurans, would appear to be after all correct and re-established by these researches.

The Testicle in Hereditary Syphilis.—Carpenter lays down the following rules: 1. The testicles may be affected so slightly in congenital syphilis that it needs the microscope to detect the malady. 2. In a small percentage of cases of congenital syphilis, the lesions of the testicle are such that they can be detected by physical examination. It appears, as a rule, in the first two or three years of life. 3. The globe is chiefly affected; and there is no affection of the prostate, vas, or vesiculæ. 4. The disease is frequently bilateral. 5. Hydrocele is

fairly frequent, the swelling is painless, and may be nodular.

6. The enlargement is rarely great. The microscopical appearances are those of inflammation of the fibrous tissue frame work of the organ, leading to fibrosis, and, if the disease is not checked, to atrophy of the organ. Gummata are rare.

# Excerpts from Russian and Polish Literature.

Treatment of Dysentery and Diarrhæa.—Dr. Alexander N. Mokëieff, house physician to S. P. Botkinskaia Gorodskaia Baratchnaia Bolnitza (Botkinian Town Pavillon Hospital), in St. Petersburg, emphatically recommends (St. Petersburg Inaugural Dissertation, Series of 1892–1893, No. 41, p. 53) the treatment of dysentery by high enemata made of one or one-and-a-half litre of a one per cent. emulsion of naphthalin. In some cases even a single injection proves to be sufficient for effecting cure.

As a remedy for dysentery naphthalin is also highly eulogized by Drs. Iakov M. Eiger, of Prof. L. V. Popoff's clinic (St. Petersburg Inaugural Dissertation, Series 1892–93, No. 59, p. 87), Timofei F. Sanotzky (ditto, No. 51, p. 26), and Vladimir I. Volkoff, of Prof. I. T. Tchüdnovsky's clinic (ditto, No. 23, p. 35), all of whom, however, prefer to administer the drug internally, and that either in combination with opium (Eiger), or with castor oil (Sanotzky), or with powdered ergot (Volkoff).

[It is certainly a noteworthy fact that some four physicians making their observations about simultaneously, but quite independently, one from another, have come to equally favorable views concerning the value of one and the same remedy in one and the same disease. We may add that in Russia naphthalin has of late become one of the most favorite remedies for dysentery or any other form of diarrhea.—Reporter.]

Drs. Nikolai L. Mikhailoff, of Prof. A. I. Lebedeff's clinic (ditto, No. 44, p. 61), and Nikolai P. Ossovsky (ditto, No. 87, p. 42), successfully treat dysentery with high enemata of a 0.5 per cent. solution of creolin. Dr. Mikhailoff also recommends the injections in simple catarrhs of the large bowel.

Dr. Vasily V. Kolokoloff (ditto, No. 11, p. 59), has found

that an internal administration of dermatol (bismuthum gallicum basicum) constitutes a very valuable means for the treatment of diarrheas of catarrhal origin.

Dr. Feliks A. Iasenski recommends (ditto, No. 84, p. 29) the internal administration of insoluble bismuth compounds in large doses as "a perfectly rational method of treatment of various infectious gastro-intestinal affections accompanied by diarrheas" (such as typhoid fever, cholera, intestinal tuberculosis, acute or chronic gastro-intestinal catarrhs, etc.). The author uses either phenolate of bismuth (having the formula  $[C_6 \ H_5 \ O]_2$  Bi OH + Bi $_2 \ O_3$ ), or B-naphtholate ( $[C_{10} \ H_7 \ O]_3$  Bi + 3  $[Bi_2 \ O_3]$ ), the daily dose varying from one to four grammes.

Dr. Vasily V. Sokoloff, of Prof. I. T. Tchiidnovsky's clinic, says (ditto, No. 48, p. 47) that his experience confirms Prof. Geissler's statements, according to which hot (34° Reaum.) enemata afford a very reliable means for controlling diarrhea in typhoid patients.

Poisoning by Antipyrin.—In the Gazeta Lekarska, No. 39, 1893, p. 1031, Dr. Stanislaw O. Krysinski, of Warsaw, relates an interesting case of poisoning by a large dose of antipyrin. A generally healthy and well-nourished girl of twenty, while suffering from an attack of excruciating headache, swallowed (about 10 A. M.) 5.4 grammes (nine powders ten grains each) of the drug. Shortly afterwards she was seen to suddenly fall down, which circumstance induced her relatives to send for a doctor without delay, and in the meantime to administer the girl about a quart of milk, which was quickly followed by vomiting.

On his arrival about 11 A. M. the writer found the patient sitting on a sofa in a slightly excited state, characterized mainly by a striking talkativeness. Consciousness and sensibility were perfectly intact, the pupils normal in all regards, the respiration quiet and regular, about thirty per minute. The radial pulse, however, proved to be almost imperceptible and exceedingly accelerated, its frequency surpassing 200 per minute. The cardiac dullness was normal, the heart's sounds clear, strong and rhythmical. There was present slight congestion of the face and eyeballs, while the limbs, nose and ears were found very cold on palpation. The treatment consisted in absolute rest, application of ice bags to the head and cardiac area, and internal administra-

Within twenty minutes the tion of strong coffee infusion. pulse's rate sank down to 160 per minute, while there supervened a strikingly abundant polyuria, the lady passing about three litres "of a dark green transparent urine in the course of the next two hours." About 4 P. M. the pulse was 116, and breathing twenty-The patient complaining of a slight vague four per minute. pain about the renal region, a full dose of castor oil was given with the result that three abundant stools quickly occurred one After a quiet night the lady got up in a perfectly after another. satisfactory state, the pulse's frequency amounting to 96 per A specimen of the urine discharged twenty-four hours after the poisoning proved to have the sp. gr. = 1025 and to contain large quantities of uric acid, indican and antipyrin, but no albumen, or sugar, or casts.

- "Rural Syphilis."—Dr. Pavel P. Khijin, superintendent of the Ramonskaia Letchebnitza (a peasant infirmary working in a large village Ramon, in a Voronej Government, Southeast Russia), has recently published (*Vratch*, No. 38, 1893, p. 1064), a carefully written report for 1891 bearing the title Contributions to the Study of "Rural Syphilis," and embodying many really valuable facts. The following bits of information may prove of more than local Russian interest.
- 1. Of 8,226 out-door patients of all kinds seen by the writer during the said twelvemonth, as many as 1,443 (17.5 per cent.) were suffering from syphilis.
- 2. Only 42.8 per cent. of the syphilitic cases referred to men, 57.2 referring to women. Therefore, Dr. Khijin's experience fully confirms unanimous statements of all Russian rural medical practitioners, according to whose observations among the rustic population women are attacked by syphilis considerably more frequently than men.
- 3. As many as 73.7 per cent. of the syphilitic patients were found to suffer from gummatous syphilis, and only 26.3 per cent. applied for advice while being still in the condylomatous stage of the disease.
- 4. The greatest frequency of condylomatous syphilis falls to the lot of infants under one year of age. Later on the frequency rapidly sinks, to attain its minimum about the fifteenth year of life, after which it slightly rises to oscillate about the level until

the thirtieth year of life, and then decreases again, the fall remaining permanent.

- 5. The frequency of gummatous syphilis, beginning with the first quinquennium of life, increases as the age advances until the third decennium (20-30), when it slightly lowers; afterwards the frequency continues to increase most steadily.
- 6. In rural practice primary syphilitic lesions are met with extremely rarely. Thus Dr. Khijin happened to come across only five cases of hard chancre during the said period. Primary roseola was observed by him in some twenty-one patients.
- 7. Condylomatous syphilis is most prevalent in children under ten years of age (30 per cent. of the total of condylomatous cases). As to its manifestations, the most frequent prove to be mucous papules, which most commonly attack the oral cavity and fauces (75 per cent.), and but very rarely the genitals (only 8.7 per cent.).
- 8. The study of the course of the disease in individual cases, and a careful inquiry into the history of all the patients, prove beyond any doubt that as many as 81 per cent. of them have contracted the infection in an extra-sexual (or "innocent") way. [The following instance can be regarded as a typical one. In a previously healthy peasant family of five souls a suckling infant was infected by a syphilitic woman (a stranger). In the course of the next eight months all other members of the family became "syphilized," one after another, the mother being naturally the first victim; then followed a girl six years old, then the father, and ultimately, a boy aged ten.]
- 9. As regards the frequency of various manifestations of the gummatous stage, the first place is occupied by gummata of the skin and mucous membranes (79 per cent. of all patients seen in the stage of the disease); the next by gummata of bones (61 per cent.); the next by articular lesions (7 per cent.); the last by those of the nerve system (5.4 per cent.).
- 10. In rural people syphilis of the nervous system occurs not only more rarely, but also more lately than in town inhabitants.
- 11. A vast majority of rural syphilitic patients remaining untreated, or being treated very badly, the course of the disease in them closely resembles the so-called "natural syphilis" as described by Jullien.

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# Medical Progress.

#### THERAPEUTICS.

Europhen in Rectal Ulcer and Kraurosis.—In "Notes for Practice," Dr. Waugh writes as follows in the Times and Register: The value of europhen was strikingly developed in a lady, æt. 20, who complained of morning diarrhea. Digital examination revealed a deep sensitive ulcer within the sphincter ani. europhen ointment to be applied twice daily with the finger, the bowel to be washed out nightly with a pint of hot water in which was dissolved half a dram of sulpho-carbolate of zinc. ally I gave three pills of 1 grain each of iodoform. weeks the ulcer had cicatrized. In kraurosis or atrophy and dryness of the mucous membrane of the vagina, the writer states that the only remedy previously known was phenic acid. author employed europhen ointment (30 grains to 1 ounce of lanolin) with uniform success. In the first case intercourse had been painful for seven years. On the application of europhen the tenderness began to subside, and in a few weeks coitus was Complete recovery ensued. no longer unpleasant. case was that of a lady suffering from great pain at the menstrual period, pain in the back, and continuous hyper-excitability. Faradization of the back was employed, together with europhen ointment as in the preceding case. In two months the cure was The third case was that of a woman who had suffered from kraurosis during the eight years of her married life. rophen ointment effected a cure in four weeks.

Coughs in Children.—Dr. W. Henry Price says (*Med. and Surg. Rep.*): The prescription which will meet perhaps the largest percentage of cases when seen in the first stage is the following. For a child four to seven years old:

<b>₽</b>	Vini Antimonii	miij.
-	Syr. Seiliæ	• •
	Syr. Ipecacāā	mv.
	Morph. Sulph	gr. 1-64.
	Mist. Glyc. Compq. s. ad	žj.
М.		,,,

Sig. Every two hours.

If the child is not seen until the second stage is well developed, or, perchance, the disease has become subacute, opium should be omitted and the ipecac and squills replaced by some more stimulating expectorants, as syr. senega and ammonium chloride. The following mixture will be found a good one:

R	Ammonii chloridi	gr. iij.
•	Syr. Senegæ	
	Syr. Prun. Virg.	
	Mist. Glyc. Comp	āā 3ss.
M.	•	· ·

Sig. Every three hours.

If the secretion remains thick and tenacious, potassium iodide, in three-grain doses, may be added to the above prescription for its known action in liquifying mucous secretions.

Salicylic Acid Salve in Acute Rheumatism.—Dr. Bourget (Medicinische Neuigkeiten) has made a long series of experiments on the absorption of salicylic acid when employed in the form of a salve in acute articular rheumatism. He simply rubs the joints with the unguent and applies over it a flannel bandage. Out of a large number he has found the following formula the best:

Within half an hour after application a strong reaction of the acid may be detected in the urine.

For ten years he has treated all his cases of acute articular rheumatism with this salve, without giving the drug internally, and with the best of results. Pain ceases within a few hours, the swelling diminishes from the second day, the fever disappears completely between the third and fifth day, and, finally, none of the disagreeable side symptoms are observed which are often associated with its internal administration.

A Hay-Fever Cure.—A touch of hay-fever produces feelings of human kinship to an extent not seen in other complaints. This we infer (*Med. Rec.*) from the fact that the hay-fever patients of this country have formed an association, now twenty years old, for mutual condolence and help. We do not know of any other class of patients who are thus banded together in

misery, though it might not be altogether useless if other similar organizations were established. The United States Hay-Fever Association publishes an annual report, and offers prizes for the best essay on the subject of their pet malady. At the nineteenth annual meeting the prize was awarded to Dr. S. S. Bishop, of Chicago, and a copy of his paper is before us.

Dr. Bishop proposes a new theory and new treatment for hay-Adopting the suggestions and facts furnished by Dr. fever. Alexander Haig, he asserts that the disease is of uric-acid origin, and that the paroxysms are brought on by the irritation of this acid, which gets into the blood in excess and causes the nerve-storms of sneezing, coughing, etc. The cure for an attack is to take ten to thirty drops of dilute sulphuric acid two or The first dose should be taken early in the three times a day. morning and should be largely diluted with water. tervals, or, more particularly, about forty days before an attack is expected, salicylate of soda and phosphate of sodium should A diet of milk, fruits, vegetables, butter, etc., should be taken. also be adopted.

Dr. Bishop does not say that uric acid is the only cause of hay-fever, or that his treatment should exclude attention to nasal and other irritations, but by following it one causative factor that is often prominent, if not essential, is excluded.

Dangers of the "Cold Water Treatment" of Pneumonia of Children.—Dr. Simon Baruch (Arch. Ped.) writes as follows concerning antipyretic treatment: Dr. Jacobi teaches that "the best antipyretic is cold, and that the rationale of cold bathing is the cooling of the surface (that is fourteen square feet in the adult, proportionate in the young, with its immense surface circulation)." This is a startling statement at the present time. If it were a quotation from Dr. Jacobi's article written in 1870, no comments would be necessary, for at that time cold was the antipyretic par excellence, having been brought into prominence by the masterly clinical articles of Liebermeister and others. But to-day, when we have phenacetine, etc., cold must retire far into the background as a heat-reducing remedy. As I have elsewhere said of the mischievous effects of this doctrine, "Brand, Juergensen, Zeimmssen and their followers, brought the value of hydrotherapy to the attention of the profession by undoubted

tests at the bedside. The battle was almost won—from all countries the echo of victory was resounding; but the erroneous idea that the object of the bath was the reduction of temperature proved the rock upon which this invaluable agent was again to split, as it had done in the days of Hippocrates, Hahn, Hufeland, and Currie. Antipyresis became the misleading watchword of fever treatment. Before the invention of chemical antipyretics, water was the only reliable agent for reducing temperature, against which quinine struggles in vain for rivalry. Now the busy chemist came to the fore and astonished the medical world by the discovery of true antithermic agents, whose influence was undoubted and marvelous in its precision."

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Nerve Lesions of Leprosy.—Drs. Hallopeau and Jeanselme have published some observations on the multiple lesions affecting the peripheral nerves in leprosy (Ex.). lesions give rise to various forms of paralysis, anæthesiæ, and to some amyotrophic conditions, which are especially remarkable both as regards their distribution and general character. chiefly in the limbs that these symptoms attained their maximum intensity; the extensors of the feet were especially affected and As regards the face, complete paralysis of the wasted rapidly. right facial nerve occured within a few days, all the muscles supplied by it being affected; the right orbicularis muscle was implicated on each side, so that the eye could not be properly closed. Sensibility was abolished in the limbs in the regions around the elbows and knees, and it was perverted in the arms and thighs; thus the contact of a cold body produced the sensation of a hot one being applied. It was the same over the forehead. nerves which supplied parts which had wasted had considerably increased in size.

Incubation Periods of the Infectious Diseases.—The London Clinical Society has recently (New York *Med. Journal*) published the result of extensive observations regarding the period of incubation of some of the infectious diseases. A constant period of incubation is not to be expected. In most instances it will be seen from the following table that the difference in the

maximum and minimum period is not very great. It seems remarkable, however, that a disease should show such extremes as typhoid fever:

. <b>N</b>	ormal.	Max	imum.	Min	imum.
Variola12	days.	14 d	lays.	9 d	lays.
Varicella 14		19	44	13	"
Measles 10	) "	14	. 6	4	**
Rubella18	} "	21	"	8	"
Scarlet fever 2		7		1	"
Influenza 3	**	5	66	1	44
Diphtheria 2		7	66	2	44
Typhoid fever 12	3 44	23	66	5	44
Mumps19	, ,,	25	"	12	44

It is a peculiar fact that the diseases in which the period of incubation is shortest are those in which the infection may persist The period of quarantine must be governed largely by the period of incubation; hence the subject is an important one for a variety of reasons. Dr. Dawson Williams, commenting upon these figures, states that the period of quarantine should be at least a day longer than the maximum for each disease. is a very uncertain rule, however, for the patient should be free from all signs of illness, and especially from fever. sity for disinfection of clothing is shown by cases reported in which persons wearing garments which have been exposed to infection have escaped, while others coming in contact with the same clothes have contracted the disease. This is probably explained by the great susceptibility of certain persons to particular disaeses. The period of infection is very doubtful. be greatly prolonged by some complication. This is especially true of small-pox, diphtheria, typhoid fever, and scarlet fever. The period during which a disease may be infectious cannot be stated definitely. It varies with different cases, and must be determined according to the nature of the symptoms and the character of the case. Measles, chicken-pox, and mumps lose the direct power of infection very early, and the infective principle does not remain active for a long period in the room in which the Measles, mumps, and chicken-pox may be patient has been ill. infectious in the earliest stages before definite or characteristic Small-pox, fortunately, is not actively contasymptoms appear. gious until the eruption has appeared. This statement, the committee affirms, has been proven by abundant observation.

### DISEASES OF WOMEN AND CHILDREN.

Atropine to Dilate the Rigid Os.—Dr. E. H. King says (Med. Standard) that atropine was used hypodermatically for this purpose by the late Dr. A. Ady, of West Liberty, Ia. though belladonna, extract and ointment, has been applied to the cervix for this purpose from time immemorial, Dr. Ady has used atropine for many years in his practice, and he states that "it will as certainly dilate the os as it will the iris." I can fully concur in the statement, and believe it to be the most prompt and efficient remedy to inhibit the contractility of the circular fibers of the cervix, thereby favoring prompt dilatation, and thus accelerating 1-100 gr. will generally be sufficient. Its effects will be manifest in from fifteen to 'twenty minutes. Rarely will The only unpleasant symptom a second dose be necessary. attending its use is the dryness of the mouth and fauces and dila-Neither in Dr. Ady's experience or in my tation of the pupils. own has it seemed to favor hæmorrhage or interfered with postpartum contractility of the uterus or with lactation. delirious excitement may be caused by it in persons peculiarly susceptible to such an effect of the drug, but such cases must be extremely rare.

Treatment of Puerperal Mastitis. — Dr. R. M. Harbin, read a paper on this subject before the Tri-State Medical Society of Alabama, Georgia and Tennessee. He said that compression is of more general utility than any simple measure, both prophylactic and curative. To be efficient for former purpose, must be used early after labor. The chest binder of Dr. Guiterras a most satisfactory means of applying pressure. If abscess forms, pus should be evacuated early and perfectly. Washing the abscess cavity preferable to drainage tubes. If drainage is necessary, horse hair to be preferred to rubber tubing. Great care should be taken in selecting point for incision, if circumstances admit, on account of scar in cosmetic point of view.

W. G. Bogart said that mastitis could be prevented by proper prophylaxis. The breast is liable to injury by manipulation. He had found only one pump satisfactory by which the breast is steamed at the same time that the milk is drawn out. In the early stage, try abortive treatment; if abscess threatens, poultice, later incision, cleansing with peroxide of hydrogen, and pack with iodoform gauze.

- G. A. Baxter.—The chief point is the free exit of milk; preceding this, the excessive secretion of milk produced by improper diet. The ordinary diet should be used—a liquid diet is especially improper. As soon as there is any hardness of breasts, anoint them with warm castor oil.
- G. W. Drake believes in medical treatment, the internal administration of bichloride of mercury for the revulsive effect.

Richard Douglas called attention to the anatomy of the gland. Professor Dugas is entitled to the credit of originating the only rational treatment—that by pressure. The cause is due to the presence of micrococci. The milk forms a favorable nidus for their development.

For Parenchymatous Metritis.—Cheron (Medical Press and Circular) recommends the following line of treatment: The nourishment shall consist of two quarts of milk in small quantities frequently repeated (Med. News). For the relief of pain and the reduction of temperature five grains of phenacetin may be given every six hours, and hot antiseptic fomentations applied to the abdomen as follows: A large layer of cotton is plunged into hot water, wrung out, sprinkled with from forty to fifty drops tincture of opium, placed upon the abdomen and covered with a layer of oiled silk. This application to be frequently renewed, night and day. The following ointment is rubbed into the lumbar region:

R.	Salicylic acid	3j.
•	Lanolin	
	Essence of peppermint	m.iv.
	Lard	<u>Fjss</u> .
Μ.	•	

As soon as the patient can bear it, a hip-bath of warm starchwater is given twice a day, and also a vaginal injection of a 3 per cent. solution of boric acid. Subsequently antiseptic vaginal suppositories are used to complete the cure.

#### SURGERY.

Does Traction Distract in Hip Disease?—At the recent meeting of the New York Orthopedic Association, Dr. E. H, Bradford said (*Med. Rec.*), that although there is a general opinion that some advantage can be expected from traction, and in

many places traction is employed, yet many deny that any benefit is to be expected from it, and a few regard it as almost injurious. Pathological evidence is of the first importance in an inquiry of this sort, and the pathological finding is, that in all mechanical inflammatory processes at the hip-joint the head of the femur is displaced upward and backward toward the upper and posterior part of the acetabulum. This can be seen on examining every pathological specimen of hip disease. It is clear that if a force in hip disease can be applied counteracting the backward and upward pressure it would be of therapeutic benefit—first, in relieving the amount of distraction of the bone from increase and pressure; and, second, in checking the inevitable deformity following the cure of hip disease.

To overcome this upward and backward force there should be a force in the opposite direction sufficient to counteract the increased muscular spasm, and also to actually distract, that the inflamed bones may not be crowded together, and that the cicatrization of the granulations and diseased tissues may take place uninterrupted by the friction and pressure of contiguous portions of inflamed bone pressed together. An articular bone surface relieved from pressure heals readily, as is seen in cases of amputation of the hip, where a carious acetabulum readily heals.

These above-mentioned facts would readily be accepted beyond dispute, but the bone of contention would be found furnished when the statement is made that in hip disease a diminution in interarticular pressure can be practically brought about by mechanical means, and to an extent which is not only practicable, but also beneficial. The questions as discussed were not complicated by consideration of the advantages of fixation in hip disease, but the inquiry was limited to the simple question: Does traction distract; and, if so, under what circumstances can distraction take place?

The experiments and observations made by several observers on cadavers and on living persons, prove without the possibility of a doubt that traction properly applied can and does distract the diseased hip joint in the inflammatory stage, provided traction is applied with the limb in a slightly flexed position.

It is also found that lateral traction aids in distraction; that lateral traction alone is not as effective as lateral traction and horizontal traction combined; that the check to traction are the muscles and the ligaments, particularly the ileo-femoral ligament; that in the stage of hip-disease where cicatrization has taken place traction does not distract.

A Contribution to the Study of Club-Hand.—At the late meeting of the Pan-American Medical Congress, Dr. Reginald H. Sayre said that congenital club-hand is a rare deformity (Jour. Am. Med. Ass.). Club-hand resulting from an injury to the central nervous system, or to an unsuspected fracture of the bones at the time of birth, is not strictly speaking a congenital affection. In congenital cases there are three varieties: 1, the skeleton is complete and well-formed; 2, the skeleton is complete, but ill-formed; 3, the skeleton is incomplete and distorted.

The general belief is that most of the cases belong to the third variety. The writer has seen in all five cases, only two of which belonged to this division. In four of the five cases club-foot in one form or another was also present.

In milder cases, manipulation and retention in the improved position with plaster-of-paris is of great benefit. cases, section of tendons, ligaments and fascia may be necessary. Open section is often preferable, and when the flexors are involved it is better to operate in the arm, cutting the tendons diagonally, slipping the ends by each other until the required length is gained, and then suturing. Two of the author's cases were due to great contraction of the flexors of the fingers, but neither of them came to operation. In a double case, which is still under treatment, manipulation and plaster-of-paris is doing good work. In another case, also under treatment, the child has right club-hand, right club-foot and left lateral curva-The whole right side of the body is less developed than the left, possibly due to disuse, the right hand and foot being so deformed as to prevent even moderate use. The club-foot was recently cured by an operation. In the club-hand the radius and thumb are absent, together with the first metacarpal bone and several of the carpal bones, exactly which ones it is diffcult to The hand was perpendicular to the arm on the radial make out. and flexor side, the ulnar being curved 30 degrees to the radial The carpus did not articulate with the ulnar, but was drawn up above its distal end, and was attached to it by means of firm ligamentous bands.

The writer first performed an osteotomy of the ulnar and corrected the curve. After an ineffectual attempt, by several weeks of traction, to lengthen out the ligaments so that the carpus could be brought down to the end of the ulnar, he cut down upon the ulnar and separated all the ligamentous attachments from it, but even then could not draw down the carpus sufficiently, and he therefore removed two carpal bones, which he thought were the os magnum and the unciform. The tip of the styloid process was then cut off, and the end of the ulnar was inserted into the gap left by the removal of the carpal bones. The hand was dressed in the straight position; and after three weeks passive movements of the wrist were begun, with the object of creating a serviceable joint if possible. The operation benefited both the position and the usefulness of the hand, although an apparatus is still worn to give strength to the wrist and to preserve a better position of the ulnar, which tends to slip a little from its position unless thus supported.

The treatment of club-hand must depend upon the conditions existing in each individual case. The writer's operation is the first one of the sort reported, so far as he is able to learn.

### Book Reviews.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by Charles E. Sajous, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. Svo. Vols. I-V. [Philadelphia and London: The F. A. Davis Company. 1893. Price, cloth, \$15.00.

Among the most welcome annual visitors which we have in the literary circle of friends who come to us we unhesitatingly count the Annual. We are always on the qui vive to give it that hearty welcome which it is always certain of obtaining at our hands. It is unnecessary to acquaint our readers with the nature of this valuable and elaborate critical index of the progress in medical sciences made in the previous year. Everybody knows what the Annual is: but—and we say it with sorrow—everybody does not buy it. It is certainly a most useful work, and as inter-

esting as we could expect it to be made by the galaxy of brilliant writers who constitute the corps of the associate editors. All are capable, not only in the pursuit of their profession, but in wielding the pen as well. To the editor must be accorded no faint praise in uncertain terms for the admirable executive abilities which he has displayed in the assignment, preparation and direction of the subject matter.

The main features of the work, as presented in the previous issue, have been retained in this. As Dr. Sajous promised when he removed his residence to Paris, he introduced some improvements in this issue. He succeeded in interesting a number of distinguished foreign medical men to become contributors, and we see the eminently successful result of this portion of his labors in the volumes before us. They are all eminent and authorities on the subjects which they review, and naturally add much weight by their critical remarks in connection with the publications of others. This feature has been made to conform with the general plan adopted, and it does not mar the symmetry of the work as it might otherwise do were these contributions made in another manner, although their value would remain the same. A feature which is commendable is the greater subdivision of subjects and increase in number of contributors. This naturally renders certain contributions more valuable, and is certainly a move in the right direction.

As we have remarked on a former occasion, we as Americans are proud of the *Annual*, and as physicians we feel ourselves under the deepest obligations to the publishers, whose liberality, and the editors, whose industry, have culminated in the production of such a grand work. Writers—and this is an age of writers—have in the various issues of this work a most valuable index rerum, and that most desirable of devices—a time-saving abstract which is reliable.

The indexes are unusually full. Each volume has its own, and at the close of the fifth volume a most complete triple index is appended, by means of which the reader may find the location of diseases, methods of treatment, and authors. Its scope may be estimated when it is borne in mind that it embraces eighty-one pages of fine type. In each volume there appears a list of the journals, books and monographs consulted and referred to. This list is a fair index of medical literary activity when we consider that it embraces no less than 2,194 titles! The illustrations and plates are numerous and well-selected, as well as executed in the best manner.

In conclusion, the publisher deserves more than ordinary mention for the handsome manner in which the volumes are presented. Good, strong, durable paper, clean type, neat presswork and elegant binding characterize this issue, as it has those which have appeared in the past. Beveled edges give a finished

appearance to the volumes, and the general style is neat and rich. We expect to learn of large sales following the issuance of this series of the Annual.

A System of Genito-Urinary Diseases, Syphilology and Dermatology. By Various Authors. Edited by Prince A. Morrow, A.M., M.D. In Three Volumes. Vol. II., Syphilology. Royal 8vo., pp. 917. [New York: D. Appleton & Co. 1893. Price, cloth, \$6.50; sheep, \$7.50. Sold by subscription only.

This second volume of Morrow's Nystem is one which has by no means fallen away from the standard established in the first of the series, and promises much for the third and concluding one, which is to deal with dermatology. The subject with which this volume deals is so vast, and its literature is of such an extensive nature, that the various contributors have had no small difficulty to contend with in their efforts to present before the reader the essential points and yet avoid making any glaring omissions. Many of the omissions which will be noted have occurred for the reason that the subjects are obsolete to-day and have very justly been relegated to the theoretical lumber room, to be looked for only by those in search of literary antiques. Among these may be mentioned the question of the Unity or Duality of the Syphilitic Virus, Syphilization, etc.

The present volume opens with an excellent review of the history, geographical distribution and general pathology of syphilis, by Dr. James Nevins Hyde. He does not deny that ancient examples of syphilitic bone disease have been found, but he does not regard them as positively proven to be prehistoric. He also does not attach as much weight as others to the imperfect descriptions found in ancient authors, and is inclined to look upon certain Chinese and other documents as spurious. The Etiology of Syphilis is disposed of in twenty pages, by Dr. John A. Fordyce, Dr. L. Duncan Bulkley summarizing the Modes of Infection in a dozen pages.

Primary Syphilis is considered by Dr. Edward Bennet Bronson. This should certainly rank among the most important of the subjects considered, inasmuch as so much depends upon a proper recognization of the symptom by which it manifests itself. It is for this reason that we desire to call attention to an omission on the part of the writer relating to the description of three varieties of chancre, which, whilst certainly uncommon, deserve all the more recognition on that account. We wish to refer to the "herpetiform" chancre, the "diphtheritic" chancre, and the chancre "en cocarde."

An excellent part is that written by Dr. Prince A. Morrow on the Syphilodermata. This portion is profusely illustrated with plates, some of them colored. The descriptions are clear and in-

telligible, being written in a manner which appeals to the observation of the reader. The illustrations with a few exceptions are all new, lending an air of novelty to the matter which is refreshing.

We cannot take up each contributor's paper and review all these seriatim. Dr. J. William White, who writes in a very instructive manner on the Treatment of Syphilis, states that his experience in regard to excision of the chancre as an abortive measure has been, on the whole, unsatisfactory, a result which seems to be the experience of all who have not been partisans of the measure. Of course the mercurial treatment of syphilis is advocated and the various plans of administering it are discussed in the fullest manner.

The Chancroid and its Complications forms the first part of the concluding portion of this volume. It is from the pen of Dr. Edward Martin and is very clearly written. In his classification of chancroids we fail to see a mention of the intra-urethral chancroid, a variety of sufficient importance to draw attention to it. However, this deficiency is more than made up for by Dr. James P. Tuttle, who concludes the subject by a consideration of Chancroid of the Anus and Rectum and its Complications.

We cannot undertake a full review of this magnificent work. It has but few flaws and these are really of a minor character. and more than compensated for by its distinctively meritorious features. The authors are all well-known writers and teachers who have had much experience and have profited by it. are also capable of intelligently imparting the results of their ex-Added to this, we have a feature which should certainly not be passed by without favorable mention. This consists in the numerous well-executed plates and engravings, the former being twenty-four in number and the latter quite numerous. The paper, binding, type and press work leave nothing to be desired; and the publishers are certainly to be congratulated upon the handsome manner in which they have brought out the work and the liberality shown in sparing nothing to make it of a superior character. The profession, we are certain, will show its appreciation of this spirit by its patronage. O-D.

Transactions of the Southern Surgical and Gynecological Association. Vol. V. Fifth Session, held at Louisville, Kentucky, Nov. 16, 17 and 18, 1892. 8vo., pp. 434. [Published by the Association. 1893.

It is with pleasure that we again greet the advent of this welcome visitor to our table. It is tangible evidence of the continued prosperity of one of the most successful as well as prominent medical bodies of this country. It demonstrates what earnest and continued effort is capable of when directed in the

proper channels. The founders of the Southern Surgical and Gynecological Association builded better than they knew, and they look at the present roster of members with just pride, not only in respect to the number there found, but in regard to the prominence of these as well.

The volume before us is a comparatively large one, showing that the time of the sessions of the fifth meeting was utilized to its fullest extent. The papers are, without exception, interesting and well written. A noticeable feature in connection with them is, that they are for the most part short and to the point. discussions have been judiciously pruned down, thus enhancing their value.

The handsome typographical appearance, the elegant binding and illustrations, are in Dornan's best style. The printer has made an effort to put the transactions in the most attractive style possible, and he has most thoroughly succeeded.

Before closing, we must not forget to mention the fact that much, if not all, the praise which this volume deserves belongs rightfully to the indefatigable and competent secretary, Dr. W. E. B. Davis, who has proven himself in an eminent degree the right man in the right place. We are certain that the most laudatory remarks would be according his work but faint praise in comparison with his achievements on behalf of the association whose transactions are welcomed by all who receive them.

Outlines of Obstetrics. A Syllabus of Lectures delivered at the Long Island College Hospital. By CHARLES JEWETT, Edited by HAROLD F. JEWETT, M.D. A. M., M. D. pp. 264. [Philadelphia: W. B. Saunders. 1894. Price, \$2.00.

The lectures of Dr. Charles Jewett have always enjoyed a deserved reputation for the systematic and lucid manner in which they are delivered. The main anatomical points connected with the female generative organs having been described, the physiology and pathology of pregnancy are considered, in order to pave the way for a better understanding of the physiology of labor, which is next taken up. As a natural sequence, we find the physiology of the puerperal state and the child spoken of. Obstetric surgery, always an important topic, is well presented; the pathology of labor and the puerperium completing the lectures.

A complete syllabus of the lectures devoted to these subjects is given to us in the little book before us, and we desire to congratulate the editor, Dr. Harold F. Jewett, upon the clearness and comprehensiveness of his notes as well as brevity which characterizes his work. The book will prove an inestimable aid to those fortunate enough to hear the lectures upon which it is based, and will prove useful to any student desirous of "brush-

ing up" on the subject of obstetrics.

Essentials of Minor Surgery, Bandaging and Venereal Diseases. Arranged in the Form of Questions and Answers. Prepared Especially for Students in Medicine. By Edward Martin, A.M., M.D. Second Edition, Revised and Enlarged. Saunders' Question Compends, No. 12. 12mo, pp. 166. With Seventy-eight Illustrations. [Philadelphia: W. B. Saunders. 1893. Price, \$1.00.

The success of this little manual is shown by the fact that a second edition has been called for. It deals with those small things which are not sufficiently elaborated in larger works on surgery, and which are yet so necessary in the practice of him who is only a beginner. In this edition the subject matter has been thoroughly revised and additions have been made. One of the most noticable among the latter is the introduction of a number of photo-engravings of different bandages, taken from the American Text-Book of Surgery. The present compend is, in fact, a remembrancer, intended to serve as a quiz-book on some of the subjects mentioned in the larger work which has met with such unprecedented success.

Chemistry and Physics. A Manual for Students and Practitioners. By Joseph Struthers, Ph.B., D. W. Ward, Ph.B., and Charles H. Willmarth, M.S. The Students' Quiz Series. Series edited by Bern B. Gallaudet, M.D. 12mo, pp. 288. [Philadelphia: Lea Brothers & Co. 1893. Price, \$1.00.

Chemistry has always been the odium of medical students, and this was formerly more pronounced on account of a deficient amount of laboratory work. Now that no well-equipped school exists without this necessary adjunct, the study of chemistry has awakened more interest. Whilst it formerly appeared to be an abstruse science, the modern practical demonstrations and increased actual work have made it a demonstrative study whose applications in medicine become at once clear and interesting.

Physics is becoming a necessary part of a medical curriculum, more especially those portions dealing with mechanics, optics and acoustics. Electricity has also found such a wide range in its applications that no medical man can afford to be ignorant of the fundamental principles connected with this potent force.

In the small quiz-book before us we are presented with a review of these subjects at once clear and comprehensive. The authors are all thoroughly acquainted with the subjects they handle, and we bespeak a large success for this number of the Students' Quiz Series. We may add that it would not prove unprofitable for a great many of the old M.D.'s to obtain a copy and refresh their memories upon these topics, more especially organic chemistry, in view of the great part which the latter plays in modern therapeutical agents.

## Literary Notes.

American Text Book of Gynæcology.—Mr. W. B. Saunders, publisher, of Philadelphia, Pa.; announces this work as ready for early issue. It is the joint work of Drs. Howard Kelley, Pryor, Byford, Baldy, Tuttle, and others who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book—notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

Connecticut State Medical Directory has just been issued by the Danbury Medical Printing Co., of Danbury, Conn. It purports to be a carefully prepared list of the physicians, dentists and druggists of the Nutmeg State, together with the colleges, hospitals, medical associations, and societies throughout the State. It is a duodecimo of 109 pages, and will no doubt prove of the highest value to those in need of the information which it gives. It would have fulfilled its sphere of usefulness more thoroughly had there been a designation to what school of medicine each physician enumerated was attached.

Exercise for Pulmonary Invalids is certainly a most valuable adjunct in the treatment of such. Dr. Charles Davison has embodied the results of his experience on this subject in a 26-page pamphlet, illustrated with twelve figures. The Chain & Hardy Publishing Co., of Denver, Col., have published it in a book form and will mail it, post paid, on receipt of 35 cents. In our opinion the price is excessive, and this will militate against any large sales of this really useful little monograph.

Obstetrical Operations and Emergencies is the title of a work which will shortly appear. It is the product of the pen of a gifted and well-known St. Louis man, Dr. Charles Louis Boisliniere, whose extensive practice and large experience in obstetrics entitle him to be justly regarded as an authority on the subject. For many years he held the chair of obstetrics in the St. Louis Medical College, and it was only after resigning this post that he found time to write. His work is intended to serve as a guide to practitioners, and we can be peak a large sale for it as soon as it makes its appearance.

Books Received.—The following books have been received during the past month and are reviewed in the present number of the JOURNAL:

A System of Genito-Urinary Diseases, Syphilology and Dermatology. By various authors. Edited by Prince A. Morrow, A.M., M.D. In three volumes. Vol. II., Syphilology, Royal 8vo., pp. 917. [New York: D. Appleton & Co., 1893. Price, cloth, \$6.50; sheep, \$7.50. Sold by subscription only.

Transactions of the Southern Surgical and Gynecological Association. Vol. V., Fifth Session, held at Louisville, Ky., Nov. 16, 17 and 18, 1892. 8vo., pp. 434. [Published by the Association, 1893.

Essentials of Minor Surgery, Bandaging and Venereal Diseases. Arranged in the form of questions and answers. Prepared especially for students in medicine, by Edward Martin, A.M., M.D. Second edition, revised and enlarged. Saunders' Question Compend, No. 12. 12mo., pp. 166. With 78 illustrations. [Philadelphia: W. B. Saunders, 1893. Price, \$1.00.

Outlines of Obstetrics. A Syllabus of Lectures delivered at the Long Island College Hospital, by Charles Jewett, A.M., M.D. Edited by Harold F. Jewett, M.D. 12mo. pp. 264. [Philadelphia: W. B. Saunders. 1894. Price, \$2.00.

Chemistry and Physics. A manual for students and practitioners, by Joseph Struthers, Ph.B., S. W. Ward, Ph.B., and Charles H. Willmarth, M.S. The Student's Question Series. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 288. [Philadelphia: Lea Brothers & Co., 1893. Price, \$1.00.

Connecticut State Medical Directory. Containing a carefully prepared list of physicians, dentists, and druggists, together with colleges, hospitals, medical associations and societies throughout the State. 12mo., pp. 106. [Danbury, Conn.: The Danbury Medical Printing Co., 1893.

Annual of the Universal Medical Sciences. A yearly report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with chromolitho-graphs, engravings and maps. 8vo., Vols. I. to V. [Philadelphia and London: The F. A. Davis Co., 1893. Price, cloth, \$15.00.

## Melange.

The American Medical Association will hold its forty-fifth annual meeting in the city of San Francisco, Cal., Tuesday, June 5, 1894.

The Late Sir Andrew Clark, of London.—This eminent consulting physician, president of the Royal College of Physicians, died at his residence, on November 6th, from the effects of an apoplectic attack. The attack occurred on the morning of the 19th of October, while he was seeing some patients in his study

(N. Y. Med. Jour.). He was found to have right hemiplegia with aphasia, and was going on fairly well, although the paralysis still continued, when he got a relapse on November 3rd, and succumbed three days afterwards. He was never a strong man, but by careful attention to diet and other matters he attained the age of sixty-seven years. An anecdote is told as bearing on this When very young he applied for his first hospital appointment, and would have been unsucessful had not one of the governors made a strong appeal in his favor, saying: "Give it to him, as it will please the poor chap, and he can not live long." He was for many years the medical attendant of Mr. Gladstone, who must feel his loss acutely. Sir Andrew Clark's reputation was world-wide, and he attained to every distinction that could be conferred.

American Medical Diplomas.—The British General Medical Council have recently resolved that the recognition of the certificates of the degrees of Doctor of Dental Medicine of Harvard University and of the degree of Doctor of Dental Surgery of the University of Michigan be suspended until further notice, and that the registrar be instructed to refuse registration of such certificates (*Pract. and News*). Since 1879 these degrees have been recognized in Great Britain and registration allowed under them; the reason for suspending this privilege now is said to be that injustice is done to other American medical schools with equal educational standards, and to the British bodies by placing them on a level with the diplomas of the two recognized American schools which require but three years' preparation, and over which the Council have no power of visitation and inspection.

International Medical Congress.—The following letter explains itself:

The undersigned, chairman of the American National Committee of the International Medical Congress, which was postponed from September 24th on account or cholera prevailing in Italy, has been notified by the Secretary-General that the Congress will be held at Rome from March 29th to April 5th, 1894. Instructions and documents relating to the journey, etc., are promised for the near future. Yours very respectfully,

110 W. 34th St., New York,

A. JACOBI, M.D.

Nov. 17, 1893.

### Miscellaneous Notes.

Messrs. H. K. Mulford & Co., of Philadelphia, inform us that they have received seven of the highest awards for the superiority of their pharmaceutical products at the World's Fair.

### Gold Medal Awarded to The Tilden Co.-

NEW LEBANON, N. Y., Oct. 12, 1893.

Dear Sir—We are pleased to inform you that we are in receipt of official information from the Board of Awards at the World's Fair that The Tilden Co. have been awarded the first prize, a gold medal and diploma, for purity and excellence of their preparations

These goods were not made for exhibition, but taken out of their general stock on hand at the St. Louis branch.

Yours truly, THE TILDEN Co.

The Therapeutical Action of Antikamnia.—Hugo Engel, A.M., M.D., Philadelphia, Pa., late Lecturer on Electro-Therapeutics Jefferson Medical College, Professor of Nervous Diseases and Clinical Medicine Medico-Chirurgical College, Consultant in Nervous Discases St. Joseph's Hospital, Fellow of the American Academy of Medicine, etc., says on the above subject: drug has a well-earned character as an analgesic. It is one of the few among the many new claimants for favor that have successfully stood the test of experience. In a case of acute polyarticular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable, as after one or two more doses there was comparatively little pain experienced to the close of the at-For the relief of nervous headache, hemicrania and unmixed neuralgias in general it cannot be overpraised. prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases in a few hours, causing the splitting cephalagia, dumbar and general muscular pains and nervous disquietude, to vanish. On the whole, it abates the fever and snbdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent or combination of agents has ever done, producing

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not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague; digitalis energizes the drooping heart; ergot promotes uterine contraction; but their action is no more nearly specific than is that of Antikamnia in its sphere of usefulness."

## Sennine in Eczema and Venereal Ulcers.—

EUREKA SPRINGS, ARK., Oct. 9, 1893.

DIOS CHEMICAL Co., St. Louis, Mo.

Gentlemen—The sample of Sennine you sent me came safely to hand, and I happened to have some cases that visited my office daily for treatment. In two cases of eczema covering the inner side of thigh I applied the Sennine just as I received it from you—that is, full strength, dry—and I am happy to say it acted like a charm in both cases. Again, I applied Sennine to venereal ulcer, and must say it did all anyone could ask. I look upon Sennine as the antiseptic of all others, and shall continue its use in my practice.

W. W. Hardesty, M.D.

Dysmenorrhoea, the congestive kind, with stomach-ache and excruciating headache and pain in the back, which is often seen in young girls and women with displacements, can often be relieved by Celerina and Aletris Cordial combined, in equal parts.

Peacock's Bromides in Epilepsy.—I used Peacock's Bromides with success. In epileptic fits, especially one case of ten years' standing in which I·exhausted all remedies at my command, it has proven a valuable remedy, always positive and constant. I cheerfully recommend it to the medical profession.

Altoona, Pa. HORACE C. GEORGE. A.M., M.D.

Papine as a Febrifuge. — Dr. W. A, Jones, of Malvern, Ark., under date of Oct. 3, 1893, writes: "I have given Papine a thorough test, and like it much better than any other preparation that I have ever used of all the opiates. It never nauseates, either primarily or secondarily, and has given relief where all the other preparations of opium have failed. It acts well as a febrifuge."

Cactina in Heart Disease.—It affords me great pleasure in saying that I have had signal success with Cactina Pillets in various forms of heart disease, in alcoholism, excessive tobacco—more especially chewing. Cactina Pillets are invaluable. I shall continue to prescribe them.

THOS. W. WEBB, L.R.C.P., L.M. 33 O'Connell St., Waterford, Ireland.

The Highest Awards and medals at the World's Fair were given to Reed & Carnrick's Infant Foods and Kumyssgen.

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